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ABSTRACT

The study examined procedures utilized in 28 elementary schools in Montgomery County (Maryland) when a student is found to have academic or behavioral problems that make functioning in the regular classroom difficult. The study examined one part of special education--how the school system initially identifies students for special services. The study reviewed 650 students to determine how many received a handicapped code and which code they received. The investigation monitored a subsample of 302 students to determine what happended when students received a referral to Educational Management Teams (EMT) and School Admissions, Review, and Dismissal (SARD) committees. Results showed that the profile of students seen to be at risk closely matched participation figures for receipt of special education services, with Black students more likely and Asian students less likely to be coded as handicapped compared to majority group students. The most common category was learning disabilities, followed by speech/language impairments. The functions of the EMT and the SARD were poorly differentiated; the EMT was frequently not fulfilling its problem solving function prior to referral for identification of a handicapping condition. Several inconsistencies in diagnostic evaluation and due process practices surfaced. (JDD)

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MONTGOMERY COUNTY
PUBLIC SCHOOLS
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Study of the Special Education Initial Referral and Placement Process in MCPS Elementary Schools

September 1988

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MONTGOMERY COUNTY PUBLIC SCHOOLS
Carver Educational Services Center
Rockville, Maryland

STUDY OF THE SPECIAL EDUCATION INITIAL REFERRAL AND PLACEMENT PROCESS IN MCPS ELEMENTARY SCHOOLS

by

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EXECUTIVE SUMMARY

This study, requested by the Office of Special and Alternative Education, examined what happens in the Montgomery County Public Schools (MCPS) when a student is found to have academic or behavioral problems that make functioning in the regular classroom difficult. The study looked at what happened to students who were not experiencing success in the regular classroom and appeared to require services beyond or different from the regular instructional program. It was a study both of regular and special education--a look at where the regular MCPS program and the program for students believed to have handicapping conditions intersect.

The study looked at one part of special education--how students initially were identified for special services. We did not address other important areas such as the quality of services actually provided, program effectiveness, program costs, or management issues related to service implementation. In examining this report and its findings, this focus must be kept in mind.

This DEA evaluation is one of several activities which have been undertaken to refine and improve the special education program in MCPS. Included are efforts to revise the ACES procedures and a task force to evaluate these revisions, the L.D. Initiative which attempts to reduce the number of students identified as learning disabled, the development of a prereferral intervention booklet, transition efforts to improve the movement from school to work, and a special task force looking at issues related to Level 4 students.

Determining that a student is handicapped and needs special services is not always a clear-cut task. There is sometimes a very fine line that needs to be drawn between students who are having academic or behavioral problems, but can be accommodated without special services, and ones who are mildly handicapped and need something different or additional.

The present study conducted during the 1985-86 school year looked at how MCPS handled this "gray area," examining how students were identified as handicapped when mild learning or behavior problems existed. Two specific questions were addressed.

- Are the initial referral and placement procedures working as intended? Are they used appropriately and consistently followed? What happens when a student is seen as have learning or behavioral difficulties?

- Why are minority students more frequently coded as handicapped and needing special education services than majority group students?

Before addressing these issues, it is important to understand how special education is supported and managed in MCPS. In looking at the issue of student placement in special education, we are looking at a system, not at any one unit. Responsibility for special education services is shared among the central, area, and school levels. Further, because services for the

handicapped are mandated by federal law, the administration of special education is significantly affected by factors well beyond the control of a local school system.

The study of referral and placement procedures was conducted in a sample of 28 elementary schools. In these schools we looked at 650 students who were considered by staff to be "at risk" because they were experiencing academic or behavioral problems in school but never had been coded as handicapped. Data were collected to determine how many of the students ultimately were coded and what kinds of codes they received.

A subsample of 302 students was monitored more closely to determine what happens when students were referred to Educational Management Teams (EMT) and School Admissions, Review, and Dismissal (SARD) committees. We sat in on school meetings where their problems were discussed and interviewed teachers, psychologists and pupil personnel workers who knew them and were trying to help them. We also conducted detailed reviews of their school records. This close monitoring allowed us to get a better feel for how schools were handling students who were having problems.

FINDINGS

Who is seen to be at risk and coded as handicapped?

We found that the profile of students seen to be at risk and needing special services closely matched participation figures for receipt of special education services. Black students were twice as likely to be identified as being "at risk" and one and one-half times as likely to be coded as handicapped as majority group students. In contrast, Asian students were about half as likely as White to be seen as "at risk" but slightly more likely to be placed in special education.

Also consistent with previous data was the finding that the majority of students (54%) were coded learning disabled, with the condition of speech/language impaired running a close second. Codes varied, however, by racial/ethnic group with Whites and Blacks most often coded as learning disabled and Hispanics and Asians most often coded as speech impaired.

Are the referral and placement practices operating as intended?

When students in the regular school program become an object of staff concern, MCPS has a system to explore options for solving their academic or behavioral problems.

The teacher tries classroom interventions to improve the student's success. If those efforts are ineffective, the teacher refers the problem to an Education Management Team (EMT) to get suggestions as to what might be done. If recommendations from EMT are unsuccessful and all regular education options have been explored, the EMT may refer the case to a School Admissions, Review, and Dismissal (SARD) committee. The SARD examines the possibility that a handicapping condition is causing the student's lack of progress. (EMT procedures are not designed to identify handicapping conditions.) The SARD screening process marks the official beginning of the legally mandated special education process.

EMT PRACTICES

In some schools important differences existed between how the EMT was conducted and how it is supposed to be conducted. Specifically, the functions of the EMT and the SARD were poorly differentiated and both were seen as part of the special education process; staff were uncertain about their differences and procedures were interchanged. In addition, the EMT was frequently not fulfilling its role as an occasion for problem solving for students with special needs. Exploration of options was limited and monitoring their effectiveness was solely responsibility of the teacher. Often the EMT functioned as no more than an entryway into the special education stream. Specifically,

- Clear differentiation between the EMT and SARD processes was observed in fewer than half the sample schools in team function, composition and documentation. The EMT meeting, which is supposed to be a time for problem-solving and using interventions before consideration of special education placement, frequently was indistinguishable from meetings designed to reach a decision regarding handicapping status.

- Within the study schools, it was common practice to refer to the EMT/SARD meeting as a singular, ongoing process with no discernible differences in purpose, process, procedure, agenda, parental involvement, team members, outcome, or documentation.

- The EMT frequently was not fulfilling its role as a problem solving team. Especially with regard to the area of prereferral interventions, the EMT fell short in providing assistance. Suggestions for alternative strategies to be explored were often not offered, or if offered, not used or monitored for effectiveness.

SARD PRACTICES

The study found several inconsistencies in diagnostic evaluation and due process practices with SARDs which suggest that a critical piece of the placement process is not working as intended.

Assessment

- Record reviews documented more than 100 different tests having varying reliability and validity in use systemwide to identify "mild" handicapping conditions.

- Our record reviews found incomplete, incorrect or inconsistent documentation procedures. Errors in paperwork can place MCPS in jeopardy of failing to meet legal mandates.

- Parent participation and due process procedures as described by law were absent or unduly neglected in some of the schools in MCPS. For example, parents' due process rights were explained in only 29% of the SARD meetings where our observers

were present. Parents gave written permission for testing 47% of the time. Parents received written notice of pending SARD meetings in 54% of the cases we observed.

Why are so many minority students placed in special education?

While we were able to identify what we believe to be weakness in the process overall, we did not find that different problems arose with regard to Black vs. White students or Hispanic vs. White students. The problems in practice cut across gender and racial/ethnic groups. Our observations show, for example, that the lack of prereferral interventions was noted for students from all groups. Documentation problems occurred with White as well as Black students. Generally, assessment and evaluation procedures were equally good and equally flawed for all students.

Our observations, interviews, and analyses suggest that regular education staff generally were not as skilled as they would like to be in meeting the needs of students who have academic or behavioral problems. They rely too heavily on special education as a means for addressing these problems. Because minority students were disproportionately among those initially seen as being low achieving and experiencing problems in the regular classroom setting, they were disproportionately represented in special education referrals and placements.

CONCLUSIONS

Our study was designed to look at two questions

- Are the special education initial referral and placement procedures working as intended? What happens when a student is seen to have learning or behavioral difficulties?

- Why are minority students more frequently coded as handicapped and needing special education services than majority group students?

Our answer to the first question is clear. Our analysis of the initial referral and placement procedures in MCPS indicates that this aspect of the program was not functioning as intended. A third of the students referred to EMTs eventually were being coded as handicapped, according to student records. Many teachers did not see the EMT as a problem solving group. Rather they interpreted the EMT as a way to get special resources for children who are having problems.

However, it is not possible to attribute all the problems found in initial referral and placement to the desire to help children. Teacher reports and observations of meetings showed that confusion over what is supposed to be done, as well as lack of monitoring of what is done, contributed to the problems observed during the 1985-86 school year.

Our findings suggest several possible explanations for this situation.

- Many staff were not adequately trained to deal with "at risk" students in the regular program and see placement in special

education as the only way to get extra services for students who they feel are in academic or behavioral trouble.

- Staff did not fully understand what is supposed to be done at the EMT and SARD, thus in practice many inappropriate deviations occur.

- The guidelines to staff contained a good general framework for implementing the special education procedures. However, in some critical areas, they are confusing and, possibly, misleading. The area of assessment is one area where such confusion is significant and potentially very detrimental.

- While many excellent courses and service workshops are offered for staff, training is fragmented and voluntary. Incentives for pursuing additional training are very limited, and the time required is typically an add-on to the regular workday. Further, there is no one office overseeing the training program or assuring its quality.

- Monitoring stood out as a critical problem. The study indicates that very little monitoring is occurring. It was difficult to tell who was charged with the role, even in theory.

There are many different ways in which these problems in the initial referral and placement process can be attacked. Indeed, many are already being addressed by programs and task forces established since this study was begun. However, given our findings there are some directions for continued efforts that we want to stress.

There is a need to communicate and, develop alternatives to special education placement for dealing with students who are having difficulty in the regular classroom. The feeling of many teachers that special education provides the only alternative for "at risk" students is disadvantageous both for students and the system. Training provides one vehicle for reaching this goal.

More monitoring of the initial referral and placement process is needed to assure that we are in compliance with both the law and professionally accepted practice. This should be done on an ongoing basis, with monitoring of documentation as well as decision making practices being included.

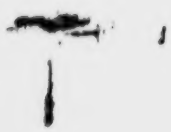
Problems in the assessment process need to be addressed. Much clearer and more stringent guidelines need to be developed specifying which instruments can and cannot be used and for what purposes. The LD Initiative was designed with this in mind.

Addressing these problems requires

- An update to the procedures manual for special education to assure clear communication of what is expected.

- The provision of additional training in special education procedures to regular school staff to assure consistency across the elementary schools.

The answer to the second question is far less obvious. We did not find any particular practices or that were implemented differently for minority as compared to majority students. The problems noted in this report occurred equally for students from both groups, and we could find no evidence that schools were somehow "shunting" minority students off into special services. Rather, we suspect that the problem lies in the fact that special education placement has become the prevailing strategy for handling students "at risk"--and, more Blacks and Hispanics are seen to be "at risk" relative to their numbers in the population. This suggests that, if we can develop better ways of handling the procedures used with all students, we should also be able to reduce the placement of Black and Hispanic children in special education. However, it is also clear that special efforts have to be continued to increase the achievement of Black and Hispanic students, as called for under Priority 2, so that fewer of these students are seen as being "at risk." Taken together, these actions should have a major impact on the special education referral and placement process and who is ultimately coded as handicapped.



CHAPTER 1

INTRODUCTION

This study, requested by the Office of Special and Alternative Education, examined what happens in the Montgomery County Public Schools (MCPS) when a student is found to have academic or behavioral problems that make functioning in the regular classroom difficult. The study looks at what happens to students who are not experiencing success in the regular classroom and appear to require services beyond or different from the regular instructional program. It is a study both of regular and special education--a look at where the regular MCPS program and the program for students believed to have handicapping conditions intersect.

This DEA evaluation is one of several activities undertaken to refine and improve the special education program in MCPS. Included are efforts to revise the ACES procedures and a task force to evaluate these revisions, the L.D. Initiative which attempts to reduce the number of students identified as learning disabled, the development of a prereferral intervention booklet, transition efforts to improve the movement from school to work, and a special task force looking at issues related to Level 4 students.

The study looked at one part of special education--how students initially were identified for special services. We did not address other important areas such as the quality of services actually provided, program effectiveness, program costs, or management issues related to service implementation. In examining this report and its findings, this focus must be kept in mind.

Montgomery County, like other districts across the nation, provides special services for students having physical or mental handicaps. Students served have a range of handicapping conditions. Some are severe and very debilitating; others are less severe but nonetheless interfere with school success. Students' needs vary widely, with some students requiring only a few hours of extra support that can be provided by a specialist in the regular school and others needing an educational program which is highly individualized and largely separate from the one generally offered.

Determining that a student is handicapped and needs these special services is not always a clear-cut task. There is sometimes a very fine line that needs to be drawn between students who are having academic or behavioral problems, but can be accommodated without special services, and ones who are mildly handicapped and need something different or additional. It is acknowledged that in some cases the decision to code a child as handicapped is really a judgment call. Particularly in the areas of learning disabilities, emotional impairments, speech/language disorders, and mild mental retardation diagnoses can be ambiguous, and the line between a student who should be assigned to special education and one who should not is frequently difficult to draw.

The present study looked at how MCPS handled this "gray area," examining how students were identified as handicapped when mild learning or behavior problems exist. In looking at this question a two-fold approach was taken. First, we looked at how it was determined whether or not a student was handicapped and whether this decision-making process was consistently applied. We also examined whether we were doing what the law and MCPS procedures say that we should be doing. Second, we looked at whether the process was equitable. Of particular concern here was trying to understand why minority students, particularly Blacks and Hispanics, had placement rates in some of the milder areas (learning disabilities, emotional impairments, speech/language disorders, and mild mental retardation) which were much higher than those for Whites and Asians but did not differ in their placement rates in the more severe handicaps (deafness, blindness, severe mental retardation, and orthopedic problems).

SPECIAL EDUCATION IN MONTGOMERY COUNTY

Before addressing these issues, it is important to understand how special education is supported and managed in MCPS. In looking at the issue of student placement in special education, we are looking at a system, not at any one unit. Responsibility for special education services is shared among the central, area, and school levels. Further, because services for the handicapped are mandated by federal law, the administration of special education is significantly affected by factors well beyond the control of a local school system.

Inside Factors

The structure for identification and service delivery for special education developed by MCPS is one of shared responsibility. Different units within the system have the direct responsibility for the program, depending on the severity of the handicap and the level of services needed.

As prescribed by state law, there are six levels of services available to students with handicapping conditions, with Level 1 being the least intensive and Level 6 the most intensive. The Department of Special Education and Related Services, in the Office of Special and Alternative Education located in the central office, supports and guides, but does not directly manage, all levels of service to the handicapped. Rather, the central office unit is responsible primarily for administering the services for students who are the most impaired (Levels 5 and 6) and must be served in special, self-contained programs. The area offices and the schools are primarily responsible for the remainder of the handicapped population. In fact, the responsibility for initially identifying and serving students with mild handicaps (Levels 1-3) rests basically with the local schools.

The division of responsibility among central, area, and school levels is not unique to special education. Other programs also involve staff in different parts of the school system's administrative structure. The situation with the education of the handicapped is, however, somewhat different, with the central office unit generally appearing to have more control over the total program than really is the case.

Outside Factors

In addition, education for the handicapped is one of a select group of programs in which the federal government has taken a very active role. It remains one of the few "categorical" programs, in which monies are targeted to a specific population for a specific purpose and little discretion is left in the allocation of funds. The implementation of this program involves a complex chain which runs from the federal government to the state governments and, finally, to the local school districts.

As a part of this chain, school districts are given not only monetary support for special education services, but also some very direct instructions regarding a wide range of implementation issues. These instructions are quite specific with regard to the identification process, the process we are studying here, including provisions concerning student assessment, parental involvement, and the nature and roles of the decision making group. Most of what MCPS does with regard to special education is, therefore, shaped by requirements developed at the state and federal levels. And, the system must comply with these legal mandates.

Taken together, these inside and outside factors create a complex management structure. Education for the handicapped is not directed by a person or an office but rather by a system having many parts and pressure points. In studying how students are referred and placed in special education, we are at the same time studying how this system is working.

THE PRESENT STUDY

The study of special education initial referral placement procedures and practices conducted during the 1985-86 school year was designed to address two basic questions:

- **Are the initial referral and placement procedures working as intended? Are they used appropriately and consistently followed? What happens when a student is seen as having learning or behavioral difficulties?**

- **Why are minority students more frequently coded as handicapped and needing special education services than majority group students?**

The study of referral and placement procedures was conducted in a sample of 28 elementary schools. (Appendix A provides details of methods used and presents a description of the criteria for selecting schools and a listing of the specific schools included in the study.) In these schools we looked at 650 students who were considered by staff to be "at risk" because they were experiencing academic or behavioral problems in school but never had been coded as handicapped. Data were collected to determine how many of the students ultimately were coded and what kinds of codes they received.

A subsample of 302 students was monitored more closely to determine what happens when students were referred to Educational Management Teams (EMT)* and School Admissions, Review, and Dismissal (SARD) committees. (The EMTs and SARDs are more fully described in Chapter 2.) We sat in on school meetings where their problems were discussed and interviewed teachers, psychologists and pupil personnel workers who knew them and were trying to help them. We also conducted detailed reviews of their school records. This close monitoring allowed us to get a better feel for how schools were handling students who were having problems.

Appendix A presents details on the procedures used in this study including data sources and respondents, instruments, and analytic procedures.

Before going into a detailed discussion of the major focus of this study--how initial referral and placement takes place--it is useful to summarize what happened to the students who we followed.

We found that the profile of students seen to be at risk and needing special services closely matched participation figures for receipt of special education services. Black students were twice as likely as Whites to be identified as being "at risk" and one and one-half times as likely to be coded as handicapped as majority group students. In contrast, Asian students were about half as likely as Whites to be seen as "at risk" and nearly as likely to be placed in special education. The Hispanic students were equally as likely as Whites to be seen as "at-risk" but slightly more likely to be coded as handicapped (Exhibits 1-1 and 1-2).

*The EMTs and SARDs are more fully described in Chapter 2.

Exhibit 1-1

PERCENTAGE OF STUDENTS SEEN TO BE "AT RISK"
BY RACIAL/ETHNIC GROUP
Fall 1985

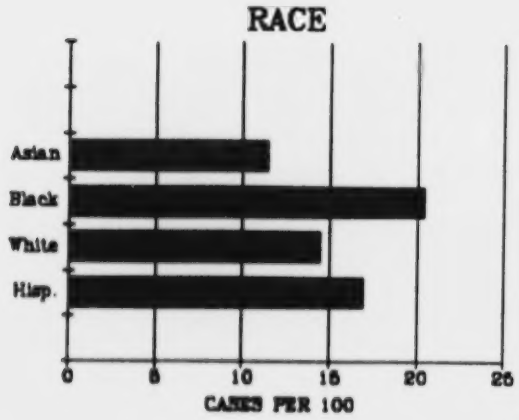
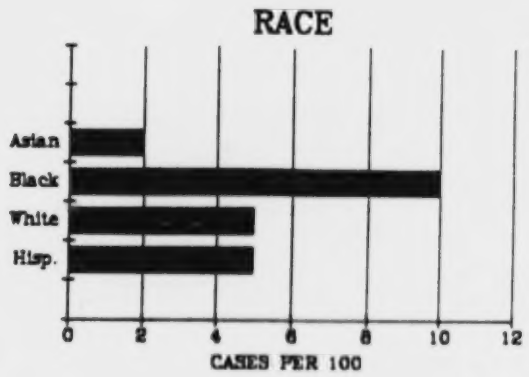


Exhibit 1-2

PERCENTAGE OF STUDENTS CODED AS LEARNING DISABLED, EMOTIONALLY IMPAIRED, SPEECH AND LANGUAGE DISORDERED, OR MILDLY MENTALLY RETARDED
BY RACIAL/ETHNIC GROUP*

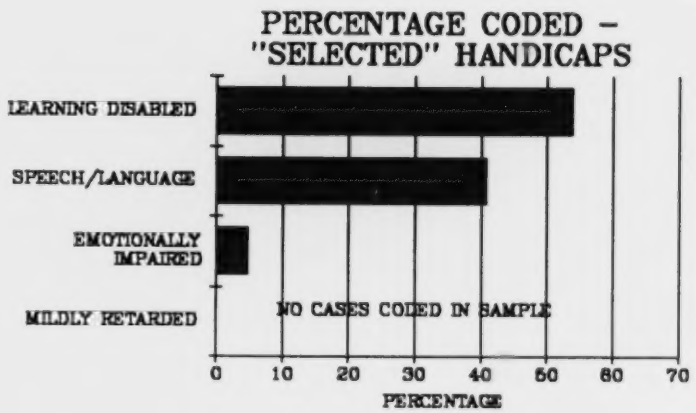


*BASED ON SEDS - SUMMER 1987

Also consistent with previous data was the finding that the majority of students (54%) were coded learning disabled, with the condition of speech/language impaired running a close second (41%) (Exhibit 1-3). Codes varied, however, by racial/ethnic group with Whites and Blacks most often coded as learning disabled and Hispanics and Asians most often coded as speech impaired (Exhibit 1-4). Appendix B presents additional details on these data, including analyses by gender and grade level.

In the chapters that follow we look at how decisions were made regarding the needs of the 302 "at risk" students who we followed closely. Our analyses focus primarily on two areas: what happened during the Educational Management Team (EMT) meetings--the decision-making body which is designed to solve the problems of regular education students--and what happened at the School Admission, Review and Dismissal Team (SARD) meetings--the decision-making body which is convened when a student is suspected of having a handicap.

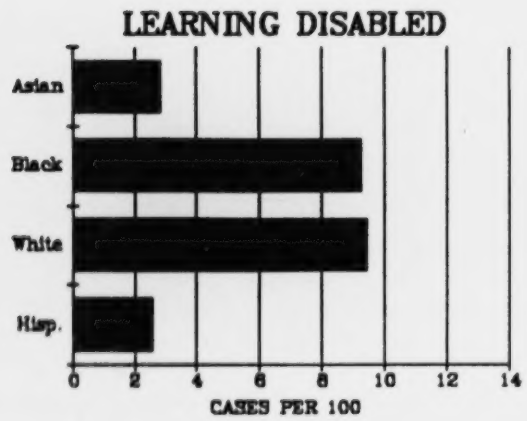
Exhibit 1-3
PERCENTAGE OF SAMPLE CODED IN SELECTED HANDICAPPING CATEGORIES*

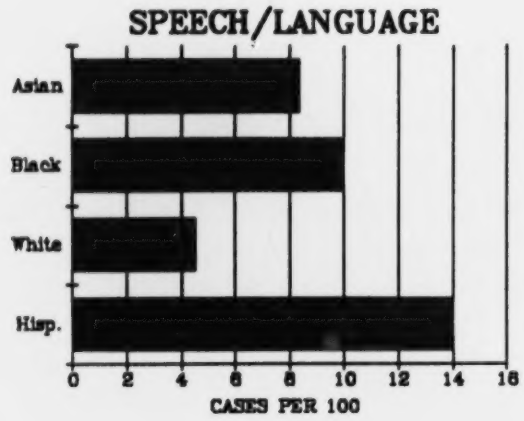


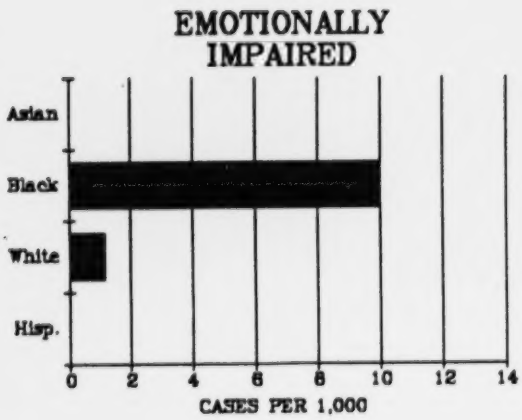
*BASED ON SEDS - SUMMER 1987

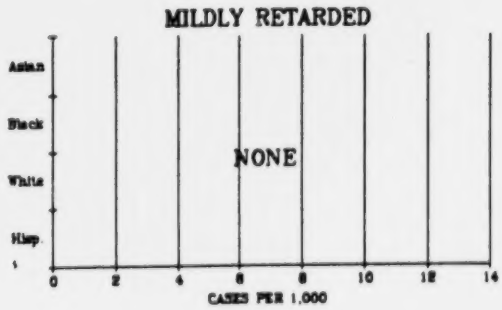
Exhibit 1-4

STUDENTS FROM EACH RACIAL/ETHNIC GROUP RECEIVING
SELECTED HANDICAPPED CODES*









*BASED ON SEDS - SUMMER 1987

Please note that the exhibits on learning disabled and speech/language are based on cases per 100, whereas the exhibit for emotionally impaired is based on cases per 1,000.

CHAPTER 2

SPECIAL EDUCATION REFERRAL AND PLACEMENT PRACTICES

In this chapter we take a closer look at the initial referral and placement practices themselves. We look at the avenues explored when a child is seen to be "at risk" and discuss the extent to which practices we observed match what should be taking place according to federal, state, and local guidelines. Criteria for evaluating appropriate placement were based on P.L. 94-142, COMAR 13A.05.01, Access to Continuum Education Services (ACES) procedures[2], and MCPS related policies. (See Appendix C for more information.) We also ask whether these practices explain the differences in the placement rates found for minority students.

THE MCPS REFERRAL AND PLACEMENT PROCESS

When staff in the regular school program become concerned about a student, MCPS has a system to explore options for solving these academic or behavioral problems. This process, which in large part predates the initiation of federally mandated special services for the handicapped, was specifically designed to address the needs of special students, including those seen to be "at risk" (Exhibit 2-1).

As seen in Exhibit 2-1, the teacher tries classroom interventions to improve the student's success. If those efforts are ineffective, the teacher refers the problem to an Education Management Team (EMT) to get suggestions as to what might be done. If recommendations from EMT are unsuccessful and all regular education options have been explored, the EMT may suspect a handicapping condition and then refer the case to a School Admissions, Review, and Dismissal (SARD) committee. The SARD examines the possibility that a handicapping condition is causing the student's lack of progress. (EMT procedures are not designed to identify handicapping conditions.) The SARD screening process marks the official beginning of the legally mandated special education process.

In this chapter we look at the Education Management Team (EMT) and the School Admission, Referral, and Dismissal Committee (SARD) meetings. We look at whether they were serving their intended purposes and whether, in the case of the SARD, they were meeting legal requirements.

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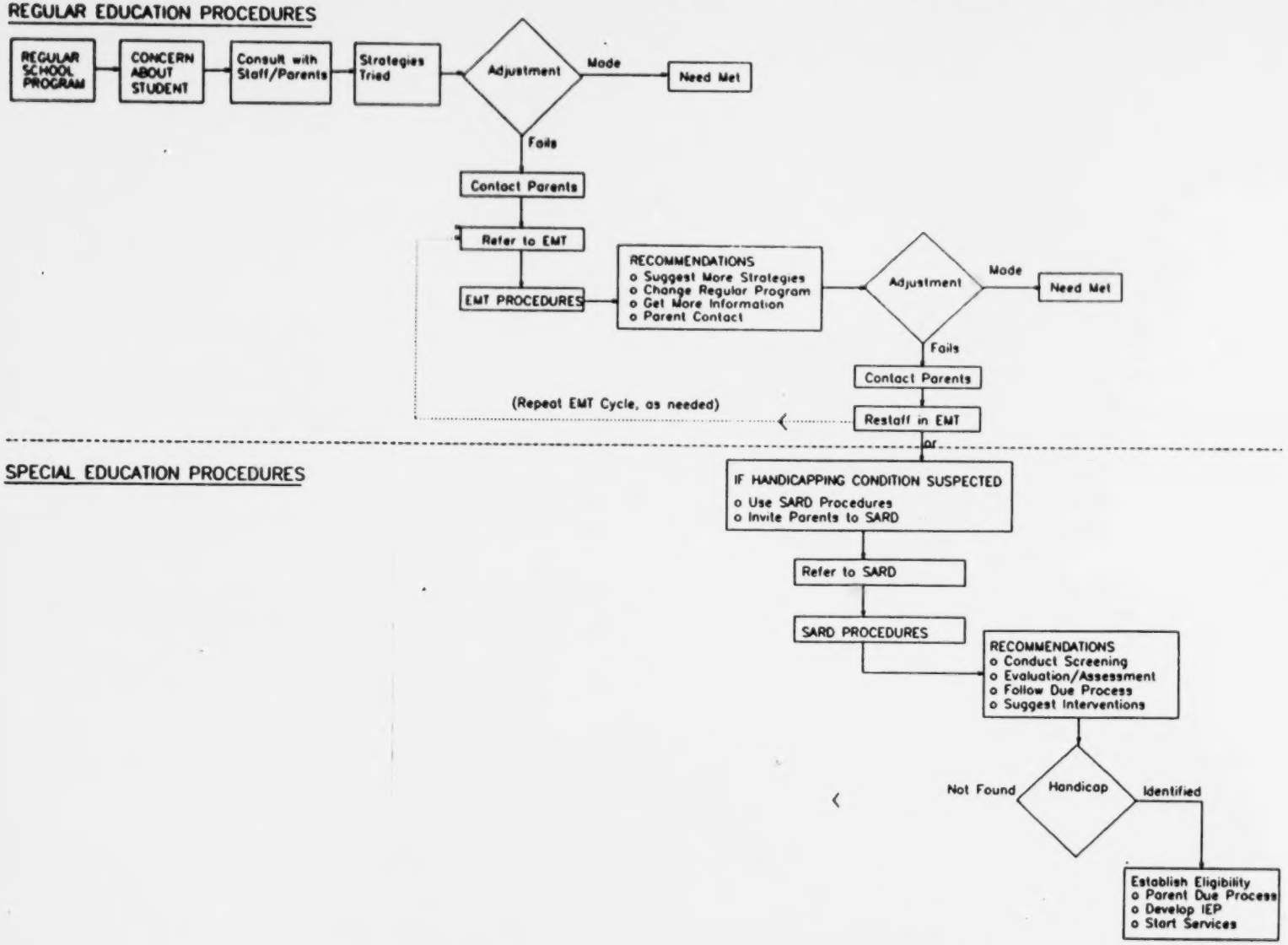
[2] In 1977-78, MCPS introduced the ACES procedures to help schools in identifying and placing handicapped students in special education programs. ACES outlined consistent methods to be used by the school, area, and central office personnel in identifying, referring, and delivering services to students with special needs. Documentation and procedures were designed to support federal and state laws, eliminate confusion, provide equitable delivery of services, and assist staff. A revision of these procedures, undertaken at the same time as this study, has now been completed.

EXHIBIT 2-1

SUMMARY OF MCPS REGULAR AND SPECIAL EDUCATION PROCEDURES



EDUCATION MANAGEMENT TEAM (EMT) PRACTICES

According to ACES, EMTs serve as regular education problem-solving teams. They are intended to be a forum for discussing student needs and assisting teachers in meeting them before special education is considered. Exhibit 2-2 shows the regular education EMT process as it was envisioned by MCPS policymakers.

Exhibit 2-2

MCPS REGULAR EDUCATION PROCEDURES
EDUCATION MANAGEMENT TEAM (EMT) PROCESS

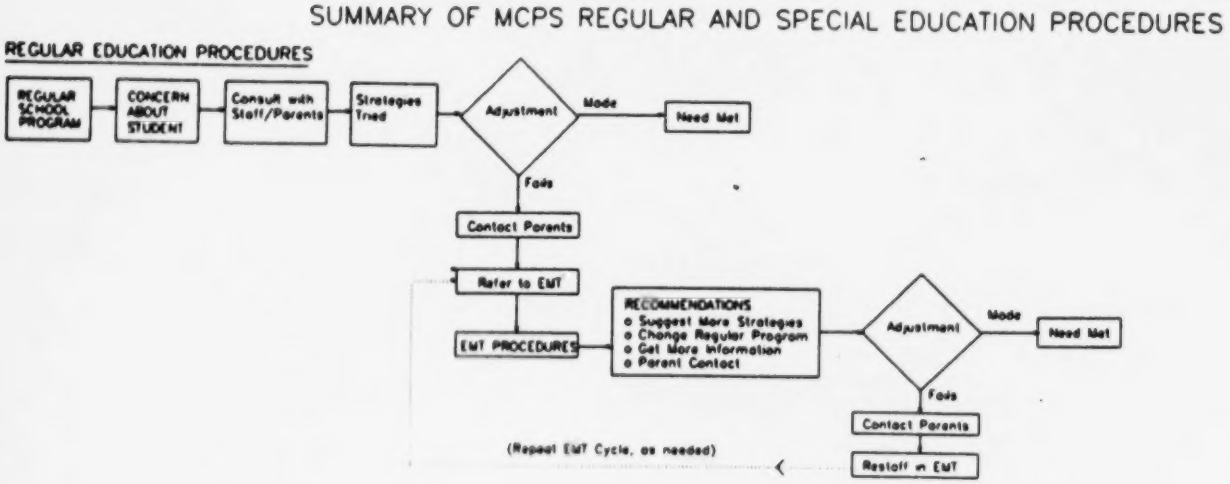


Exhibit 2-3 presents an idealized vignette of the EMT process. (Major parts of the process appear in the left margins.) As seen in this vignette, EMTs discuss instructional problems with referring teachers and suggest classroom level strategies and regular school resources to help resolve student academic and/or behavioral problems. Follow-up, documentation, and monitoring of the successful use of interventions is a vital, but implicit, part of the EMT process.

Exhibit 2-3

VIGNETTE OF THE EMT PROCESS

Teacher Concern	In September, Mrs. Cristwell at Smithview Elementary noticed that one of her third graders, Peter Brown, did not follow directions in class. He also seemed to have a short attention span and failed to complete and return any math, reading, and spelling homework assignments.
Identify Problem	She decided to try several ideas in her classroom to see if she could help him. She tried writing directions for classroom activities on the board and reminded him to check the directions while working. She gave him a written
Try Strategies	homework direction sheet every week and asked him to check himself when each assignment was completed.
Evaluate Strategies	These interventions seemed to help, but he still did not turn in math homework and he became more inattentive in class and spent a lot of time talking to other students, especially
Problem Remains	during math class. She decided to assign him to a lunch detention and talk to him, but he was not responsive and withdrew to a corner of the classroom to draw pictures. She
Consult Others	decided to phone his parents, but she was unable to contact anyone despite attempts. In the face of escalating inattention, she moved Peter's seat closer to her desk and described her concerns to the Principal, Dr. Martin. He suggested that she complete an EMT referral form and discuss the problems with the EMT on Tuesday morning. He added Peter's name to the EMT agenda and made arrangements for class coverage so she could participate.
Teacher attends EMT	At the EMT meeting Mrs. Cristwell spent about 10 minutes describing the situation with Peter and her efforts to resolve the problems. She also mentioned that Peter seemed to
EMT Suggests Strategies	be very bright and that he liked to draw animals. His reading comprehension and general world knowledge seemed well beyond that of his peers. The team listened carefully, asked questions, and then suggested several interventions that Mrs. Cristwell could try in her class for two weeks. She agreed to keep a log of her efforts and evaluate the results. The
Follow-up Plans	resource program teacher agreed to follow-up on the success of these efforts weekly, and the EMT scheduled a follow-up session in two weeks to evaluate the success of interventions.
Proper Documents Completed	In addition, since Peter was a new student, the team recommended that Mrs. Cristwell review his complete school records and contact the parents to discuss her concerns, gather additional information, and describe to the parents some of the interventions initiated by the EMT. An EMT member completed a written summary of the case on the appropriate MCPS form. EMT recommendations and plans for follow-up were included and a copy was placed in Peter's student record folder.

In our study we found that about 75% of those students seen to be at risk were referred to the EMTs for discussion during the 6 months (November-April) when data were collected. Thus, we had ample opportunity to observe the workings of these groups. Our observations of these EMT meetings indicate that this vignette does not represent what is typically happening in our schools today. Rather we found considerable variation.

The next vignette (see Exhibit 2-4) presents a picture of the EMT practices which we observed. It describes variations prescribed in EMT practices found in the study. Inappropriate deviations in the EMT process are given in the right margin of the following vignette. As seen in the vignette, some EMT practices in schools are actually SARD procedures, as defined by ACES guidelines.

Exhibit 2-4

VIGNETTE OF OBSERVED EMT PRACTICES

In November Mr. Norton, fifth grade teacher at Newgate Elementary, told the Principal, Mr. Rueban, about his frustration in working with one of his students, Robert Smith. Robert was showing a "lack of academic progress", teased the other students, didn't complete his work and often left class unobserved or without permission and wandered the halls. The Principal said he would discuss Mr. Norton's concerns with the resource program teacher. The resource teacher added Robert's name to the EMT/SARD agenda for the next week. The EMT/SARD meeting was chaired by the resource teacher and attended by the speech pathologist and reading teacher. The Principal was away from the school at an area meeting and Mr. Norton did not have class coverage so neither attended. During the meeting, the resource teacher said she had looked at Robert's folder and he had average scores on the Otis-Lennon IQ test but low scores on his third grade California Achievement Tests (CATs). In addition, his Criterion Reading Tests (CRTs) were below grade level. In reviewing the folder she noticed that he had transferred to Newgate after being retained in third grade at another MCPS school for lack of progress in reading and math. He had been absent 20 days in the fourth grade and was a marginal promotion to grade 5. The reading teacher suggested that since there seemed be a discrepancy between his achievement and his potential perhaps Robert should be tested to see if he was learning disabled. The resource teacher agreed to move Robert into her third period class for a couple of weeks, test him and discuss him at the next EMT/SARD meeting.

Teacher didn't try strategies

Indirect referral

EMT/SARD are same

Teacher not at meeting

Lack of a full multi-disciplinary team; no one knew student

No strategies from team

Issue of suspected handicap raised/acted upon without SARD

No parent notification

During the follow-up EMT/SARD meeting, the resource teacher noted that Robert's test results on the Peabody Individual Achievement Tests (PIAT), Woodcock Reading Tests and Key Math Diagnostic Arithmetic Test showed Robert functioning two years below his expected grade level in reading and math. She also noted, from her observations of him in her third period class, that he had poor writing, spelling, and study skills and he avoided work. After a brief discussion, the team decided that Robert probably was learning disabled. They decided to place him in a resource class and a reading class for two periods each day. They prepared a brief IEP and assigned one of the team to follow up with a phone call to the parents to let them know that Robert was going to have a program change so he could get some extra help in school. A member of the team wrote up a brief report about the meeting on an MCPS EMT summary form and put it in Robert's school file.

Improper assessment procedures

Improper parent involvement

Improper documentation procedures

FINDINGS - EMT PRACTICES

In some schools important differences existed between how the EMT is conducted and how it is supposed to be conducted. Specifically, the functions of the EMT and the SARD were poorly differentiated and both were seen as part of the special education process; staff were uncertain about their differences and procedures interchanged. In addition, the EMT was frequently not fulfilling its role as a tool for problem solving for students with special needs. Exploration of options was limited and monitoring their effectiveness is solely the responsibility of the teacher. Often the EMT functioned as no more that an entryway into the special education stream.

In the pages which follow we present more information on the problems which emerged. Appendix D presents in detail data which support these findings.

Differentiation Between EMTs and SARDs

> **Clear differentiation between the EMT and SARD processes was observed in fewer than half the sample schools in team function, composition and documentation. The EMT meeting, which is supposed to be a time for problem-solving and using interventions before consideration of special education placement, was frequently indistinguishable from meetings designed to reach a decision regarding handicapping status.**
>
> **Within the study schools, it was common practice to refer to the EMT/SARD meeting as a singular, ongoing process with no discernible differences in purpose, process, procedure, agenda, parental involvement, team members, outcome, or documentation.**[3]

Observations of meetings and interviews with staff confirmed problems in telling where regular education (EMT) procedures end and special education (SARD) procedures begin. Specifically, we found:

- Students were coded as handicapped during what are supposed to be EMT meetings, although coding is clearly a function of SARDs. Our observations suggest that approximately 10% of the time students were identified as handicapped and placed in special education programs, particularly at Levels 2-3, at EMT meetings.

- Our observations of EMTs showed that staff discussed the possibility of a handicapping condition for 35% of the students. However, special education procedures were not implemented on those occasions, although ACES calls for using special education procedures immediately whenever a handicapping condition is suspected and discussed.

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3. This problem of lack of differentiation between EMT and SARD procedures is widespread and extends beyond the schools. An examination of the 1987-88 management plans for Priorities 1 and 2 for each of the areas shows references to a singular EMT/SARD special education procedure.

- EMT and SARD teams were composed of similar staff, primarily special education staff, in most schools. Few regular education teachers other than the referring teacher participated in EMTs, although EMTs are regular education functions. Meetings were chaired by special education staff 38% of the time and attended primarily by special education personnel. Principals chaired 49% of the time.

- We observed that about 15% of teachers referring students to EMTs were not present at meetings, although these meetings are supposed to offer suggestions to referring teachers.

In addition, record review data identified problems in documentation during EMTs. These findings showed that:

- Individualized Educational Plans (IEPs) were completed for both handicapped and nonhandicapped students during EMT meetings. Both handicapped and nonhandicapped students received IEPs about 10% of the time. Students are not supposed to be coded as handicapped or receive an IEP during an EMT meeting, nor are nonhandicapped students supposed to have an IEP, according to MCPS procedures.

The EMT as a Problem Solving Team

The EMT all too frequently was not fulfilling its role as a problem solving team. Especially with regard to the area of prereferral interventions, the EMT fell short in providing assistance. Suggestions for alternative strategies to be explored were often not offered, or if offered, not used or monitored for effectiveness.

Exhibit 2-5 shows prereferral intervention practices of teachers and interventions suggested by EMTs. The data show:

- Eighty-nine percent of teachers said they tried classroom strategies before an EMT referral. However, the quality of many of the strategies was limited to superficial changes. Teachers were likely to change students' work groups (24% of strategies tried), talk to parents/students (18% of strategies tried), or change the students' seats (15% of strategies tried) rather than trying actual instructional accommodations such as tutoring, oral tests, taped books, etc.

- Furthermore, only 42% of the EMTs we observed discussed strategies or interventions that the referring teacher tried at the classroom level prior to the EMT referral.

- EMT members suggested ideas for classroom level interventions in only 34% of cases. Further, what was suggested was often not very different from what the teacher had already tried.

- Teachers stated that they chose not to use interventions suggested by EMTs in about 10% of cases, giving such reasons as: "The suggestion was impractical for classroom use; I don't have time to do the extra planning to use this

strategy; This type of strategy won't work with this student; or I have already tried this strategy."

- Only 7% of teachers we interviewed identified any type of follow-up plans or discussions by EMT members to verify the success of interventions suggested. Generally, this was left to the teacher, with about two-thirds of the classroom teachers reporting that they tracked the success of interventions.

- Interviews with teachers of the students who we followed indicated in some cases that teachers had essentially given up on the EMT process because they found it to be ineffective. In one school, 10 out of 12 "at risk" students were not referred to an EMT although their teachers described multiple problems in working with them. These teachers said "we choose not to refer the kids to the EMT because nothing happens--it's a total waste of time so we don't even bother to do it anymore."

EXHIBIT 2-5

SELECTED INTERVENTION PRACTICES

	Teacher Interview % YES
Teachers tried strategy before referring student to EMT.	89%
o Interventions most likely to be tried prior to EMT referral:	
- Adjusted work group	24%
- Conference w/parent or student	18%
- Adjusted seating	15%
- Used behavior management (rewards, contracts, checklists)	13%
- Tried accommodations (oral tests, tutors, taped books)	12%
- Adjusted text materials	8%
- Adjusted work load (expectations)	7%
- Consulted w/specialists or other	2%
Teachers evaluated success of strategy before referral to EMT.	62%
EMTs recommended intervention for classroom teacher to try in class.	34%
o Interventions most likely to be recommended by EMTs:	
- Individual accommodations (tutors, taped books, oral tests)	25%
- Behavior management techniques (rewards, contracts, checklists)	21%
- Adjust grouping	17%
- Conference w/parent or student	12%
- Adjust text materials	8%
- Adjust seating	7%
- Adjust workload	5%
- Consult with specialist	4%
Teachers monitor success of interventions	66%
EMT follow-up plans for monitoring interventions	7%

Taken together, these data regarding the EMT process suggest that the procedures that have been established to help fill the gap between regular education and special education were not working as intended. Instead of being a forum for discussing student problems and pooling staff resources to meet individual student needs, the EMT frequently was merely the first step toward inevitably coding a student as handicapped.

In fact a number of staff shared the opinion that access to resources for underachieving students was available only through special education and, for them, referring students to an EMT constitutes referral to special education. A teacher of one of the students who ultimately was coded said "The problems of the slow learners and poor readers are not addressed in MCPS. If a child is not called LD or coded as handicapped, they'll fall through the cracks. The secret to helping these kids is to catch them early before they've lost too much ground to recover." This was not an isolated opinion. Ten percent of teachers we interviewed observed that "EMTs are not supposed to offer strategies to teachers" and "EMTs work best when students who are referred are tested as quickly as possible and placed in resource rooms for help."

SCHOOL ADMISSION, REVIEW, AND DISMISSAL COMMITTEE (SARD) PRACTICES

If a student is suspected of having a handicap, a SARD is convened. This is the point at which special education procedures formally begin. SARD committees, MCPS school level multidisciplinary teams, follow explicitly defined assessment, evaluation, and due process procedures to identify handicapping conditions and to establish eligibility for placement in appropriate special education programs. Exhibit 2-6 shows the special education SARD process as it was envisioned by MCPS policymakers.

The idealized SARD process is described as a vignette and found in Exhibit 2-7. Major components of the process appear in the left margins. As seen in this vignette, SARDs occur whenever a handicapping condition is suspected and after repeated intervention efforts have failed to resolve students' academic or behavioral problems. Proper parent involvement and due process procedures are legally mandated requirements prior to evaluation of possible handicapping conditions.

EXHIBIT 2-6

SPECIAL EDUCATION PROCEDURES

MCPS SCHOOL ADMISSION, REVIEW, AND DISMISSAL (SARD) PROCESS

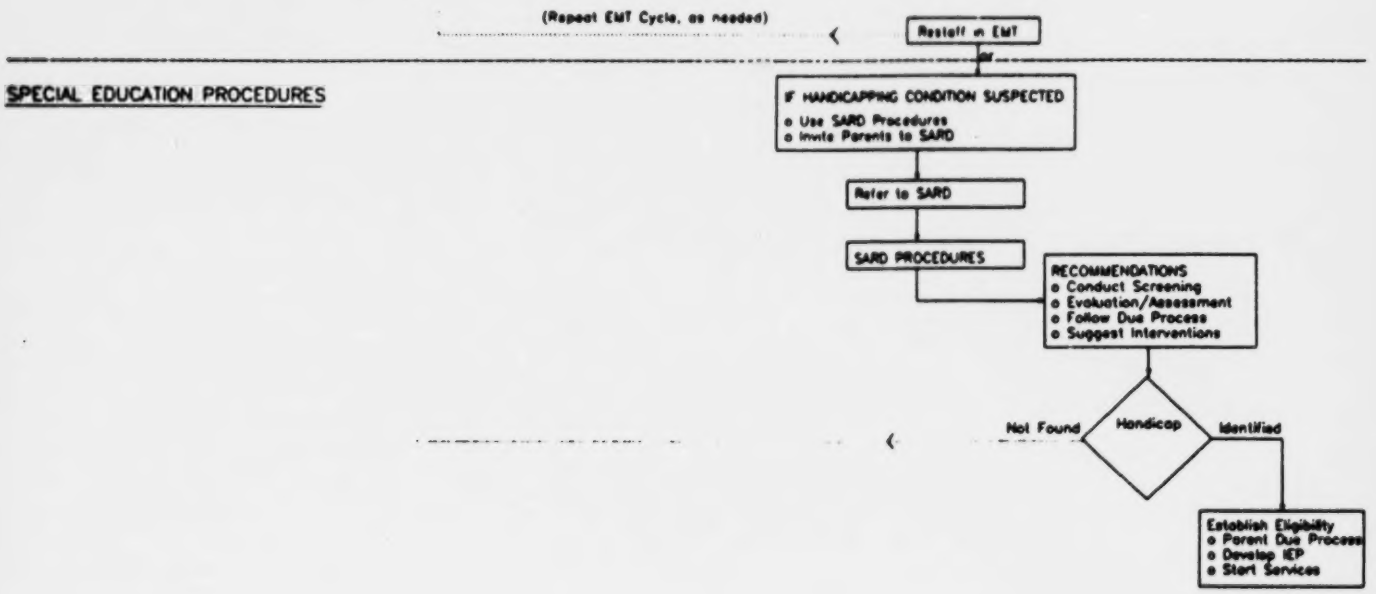

Exhibit 2-7

VIGNETTE OF THE SARD PROCESS

PREREQUISITE ACTIONS PRIOR TO ACTUAL SARD PROCEDURES

Restaff EMT

In a continuation of the EXHIBIT 3-1 EMT vignette, Mrs. Cristwell met with the EMT at Smithview Elementary two weeks later to provide updated information about the success of the interventions suggested by the team and to share new information about her third grade student, Peter Brown. She reported that two of the EMT suggestions had helped improve Peter's attitude and behavior with his peers; however, math continued to be a class that both she and Peter had begun to dread. He was withdrawn during math and refused to write down math homework assignments. She had tried using some blocks and counting rods with him in math class during the past week, but he refused to use different materials from the other students in the class.

Try & evaluate EMT strategies

Need continues

Get more information

She reviewed his school records and talked with his mother. She learned that Peter had a chronic "swimmer's ear" condition which sometimes affected his hearing. A medical exam confirmed some hearing loss in one ear but suggested it was temporary. However, his mother noted that he'd always had trouble remembering things she told him and following directions. She also described Peter as disorganized, inattentive, and totally unable to do even the most basic math. He was frustrated, angry and hid all his math papers and homework assignments. He had even gone so far as to tell her that he did not have to take any math this year. Mrs. Brown asked the school to test Peter's hearing and see if "something was wrong with his ability to do math; she was afraid he was learning disabled."

Contact parents

Suspected handicap

ACTUAL SARD PROCEDURES BEGIN AT THIS POINT

Refer to SARD screening

The EMT referred Peter to a SARD committee for screening by the speech pathologist and, at the request of his mother, included learning disabilities screening. The team recommended that Mrs. Cristwell meet with the resource teacher to brainstorm and identify some additional strategies for Peter's math problems. Then they assigned staff members the responsibility of completing the four documents needed for the LD Project screening.

More strategies til SARD

Parent follow-up

The speech pathologist was designated to follow up with a phone call to Mrs. Brown and described the parent's role in the process, team recommendations, and the auditory screening process. She requested written permission to conduct a screening evaluation and diagnostic testing if necessary. In addition, the Principal sent Peter's parents a letter inviting them to the screening SARD, sheduled for three weeks later.

SARD screening

The screening SARD meeting results suggested that Peter might have problems with auditory processing and processing math concepts. The SARD screening team discussed this with Peter's parents during the meeting and recommended eligibility assessment to see if an educational handicap existed. A second SARD was scheduled for next month, and his parents gave written permission for testing. During the next SARD meeting, the team decided that overwhelming evidence suggested that Peter was mildly handicapped. They identified a learning disability and recommended that Peter receive resource support at least one period each day. They discussed all "due process" procedures with Peter's parents at that meeting and prepared an Individualized Educational Program (IEP). All appropriate MCPS SARD forms and SEDS forms were completed and placed in the appropriate folders. Peter Brown was labeled an L.D. child in Montgomery County Public Schools.

Parents involved

SARD assessment procedures

Handicap identified

Proper due process

Proper documentation procedures

In sharp contrast, the following composite vignette (see Exhibit 2-8) describes what we observed at the SARD meetings we attended. Inappropriate SARD practices are given in the right margin of the vignette and are indicative of practices seen during this study. As seen in the vignette, some SARD meetings do not include proper evaluation, due process, or documentation procedures.

EXHIBIT 2-8

VIGNETTE OF OBSERVED SARD PRACTICES

Alan Bell, a third grade student at Windy Meadows Elementary, was having problems in reading and math. In October, his teacher, Mr. Curabies referred him to the resource teacher, Mrs. Rosemont, for testing. She placed him in her fifth period class and gave him the following tests: Otis-Lennon IQ Peabody Individual Achievement Test (PIAT), Slingerland, and Peabody Picture Vocabulary Test (PPVT). She reviewed his school records and discovered he had been retained in the first grade for lack of progress in reading and poor social skills. Next, Mrs. Rosemont asked the speech teacher to evaluate him. The speech teacher used the Clinical Evaluation of Language Function (CELF), Beery, Boehm, and Goldman- Fristoe-Woodcock Auditory Skills Test Battery. The speech teacher and resource teacher discussed Alan's case during lunch and decided to schedule him for an EMT/SARD meeting during the next week. The speech teacher agreed to call the mother and see if she could attend the meeting.	Tried no strategies No EMT No due process rights Improper evaluation No written notification No teacher involvement
During the EMT/SARD, the resource and speech teachers shared their test results with the mother. Tests showed that Alan had memory problems, difficulty with listening & following directions, and poor skills in reading & math. The speech teacher felt Alan had a speech and language disorder, but there was no room in her speech classes, so he was placed on her "wait list" for the next opening in the spring. The team also felt Alan was learning disabled since he showed little progress in reading and math. Mrs. Bell was advised to let the school label Alan so he could get individualized help. She agreed, and Alan was labeled to receive level 2 services for a speech/language disorder and for a specific learning disability. Mrs. Bell was assured that the extra help would allow Alan to catch up with his peers. An Individualized Educational Program (IEP) was written and placed in Alan's regular school folder.	Improper SARD screening assessment Improper evidence of handicap Improper to wait list Improper labeling procedure Improper documentation Information placed in wrong folder

FINDINGS - SARD PRACTICES

The study found several inconsistencies in assessment, documentation, and due process practices with SARDs which suggest that a critical piece of the placement process was not working as intended. (In Appendix E we present more details on SARD practices which emerged as "trouble spots".)

Assessment

Record reviews documented more than 100 different tests having varying reliability and validity in use systemwide to identify "mild" handicapping conditions, raising questions about the appropriateness of handicapping codes supported by these instruments.

Appendix F shows the major assessment instruments in use in 1984-85 and 1985-86. Examination of these tests and their frequency and use for placing students in Levels 1-3 confirmed that some of the least reliable and valid tests were frequently used. Further, this situation changed very little over the time that the student was conducted. Specifically, the following assessment and evaluation practices were seen:

- Tests of questionable reliability and validity provided evidence of handicapping conditions. The Peabody PPVT was the measure of IQ used most often (42%) for special education evaluations and placements for students in Levels 2-3; however, this is the test that the publishers now more properly call "a measure of hearing vocabulary."

- Tests cited in Buros Mental Measurement Yearbook as having possibly poor reliability and validity (i.e., Peabody PPVT, Otis-Lennon IQ, Wide Range Achievement Tests) were used and misused. For example, although the Otis-Lennon IQ was designed as a group test, it was often given as an individual test and used as an indicator of intelligence in spite of warnings that limit its use under these circumstances. The Otis-Lennon is cited as a particularly weak instrument for young children or those functioning at lower levels.

- Screening instruments such as Beery, Slingerland, Otis-Lennon IQ, and group tests were the only tests on record for approximately 25% of the students who were coded. This is clearly contrary to SARD procedures and policy guidelines which indicate that group and screening tests should not be used to identify handicapping conditions. Individual assessments using properly validated tests, administered according to test guidelines are requirements under current laws.

- Record reviews indicate that 25% of the students who were coded were given only one test. Students are supposed to be tested in a variety of areas prior to being coded as handicapped.

- In addition, our findings suggest that as the number of tests given to individual students increased, the tendency was to add less valid and reliable assessments. Sometimes the worst or weakest instruments (the Peabody PPVT, the Slingerland, and the Otis-Lennon IQ) were used to confirm a handicapping diagnosis.

- Low achievement test scores on California Achievement Tests (CAT), Stanford Achievement Tests (SAT), and Criterion Referenced Tests (CRTs) were cited as evidence of handicaps, although guidelines suggest that using this information as a primary indicator of a handicapping condition is inappropriate. Discrepancies between achievement and potential, using assorted low scores from CAT, CRT, reading tests and Otis-Lennon IQ or Peabody PPVT tests provided evidence of handicaps, although such comparisons are deemed inappropriate according to present guidelines. This suggests that undue emphasis is placed on achievement of students in relation to others, rather than upon the factors indicative of handicapping conditions.

One reason for this apparent reliance on questionable tests is the fact that there was no standard format for educational assessment that gives guidance or injunctions to limit the improper use of tests. Further, since students being considered for Levels 1-3 were typically tested by a resource program teacher who is not an expert in tests and measurement (with psychologists reviewing the process), misinterpretations of data may occur. However, there is some evidence that this problem is being successfully addressed by the LD Initiative. Examination of findings on use of tests in Area 2, where the LD Initiative has been in place for the longest period of time, indicates that there has been a dramatic decline in the use of some of the least appropriate instruments. (See Appendix G.)

Documentation

In addition, our record reviews found incomplete, incorrect or inconsistent documentation procedures. Such errors in paperwork can place MCPS in jeopardy of failing to meet legal mandates.

- Evaluation reports describing behaviors establishing handicapping conditions and supporting eligibility for special education services were included approximately 50% the time in student records. The problem was most severe for learning disabled students whose files contained these data only about 33% of the time. The Maryland State Department of Education (MSDE) requires these reports as a part of the diagnostic evaluation process.

- The study documented additional problems whenever EMT forms were completed instead of SARD forms, thus resulting in students not receiving recommended special education services in a timely fashion. Appropriate SARD forms were found in 67% of the students' files.

Incorrect documentation means that nonhandicapped students sometimes receive handicapping codes without due process or parent input when students transfer to other schools or staff changes occur.

- Record review data confirmed that SARD forms were completed during EMT meetings for nonhandicapped students. Appropriate SARD referral forms were found in students' files 67% of the time. Individual Educational Plans (IEPs) were written for nonhandicapped students who were in special reading classes. These inconsistencies in documentation procedures may lead to confusion in records and increase the possibility of inappropriate placements.

Due Process

Parent participation and due process procedures as described by law are absent or unduly neglected in some of the schools in MCPS.

- Parents' due process rights were explained in only 29% of the SARD meetings where our observers were present, although it is required by law to occur in all cases.

- According to record reviews, parents gave written permission for testing 47% of the time, although it is required by law.

- According to record reviews, parents received written notice of pending SARD meetings in 54% of the cases we observed, although this notification is required by law.

In summary, some critical aspects of the SARD process were not being properly implemented. Problems existed both in practice and in documentation of practice.

DIFFERENCES BY RACIAL/ETHNIC GROUPS

In looking at the implementation of the referral process, we were interested not only in how the process was being conducted overall, but also whether there were discernible differences by racial/ethnic group. Specifically, we wanted to know whether or not the disproportionate placement of minority students in special education could be linked to differences in how the referral and placement process was implemented for these students.

While we were able to identify what we believe to be weakness in the process overall, we did not find that different problems arose with regard to Black vs. White students or Hispanic vs. White students. The problems in practice cut across gender and racial/ethnic groups. Our observations showed, for example, that the lack of prereferral interventions was noted for students from all groups. Documentation problems occurred with White as well as Black students. Generally, assessment and evaluation procedures were equally good and equally flawed for all students.

Our observations, interviews, and analyses suggest that regular education staff generally were not as skilled as they would like to be in meeting the needs of students who had academic or behavioral problems. They relied too heavily on special education as a means for addressing these problems. Because minority students were disproportionately among those initially seen as being low achieving and experiencing problems in the regular classroom setting, they were disproportionately represented in special education referrals and placements.

CHAPTER 3

THE MANAGEMENT OF SPECIAL EDUCATION REFERRAL AND PLACEMENT PRACTICES

Our analysis indicated that the initial referral and placement procedures were not functioning as intended. Almost a third of the students referred to EMTs eventually were coded as handicapped, according to student records. Many teachers did not see the EMT as a problem solving group. Rather they interpreted the EMT as a way to get additional resources for children who are having problems.

This interpretation of the role of the EMT is probably in part a function of teachers' feelings that they have nowhere else to turn to get help for some of their students. This sentiment was summed up in comments from some of the teachers and resource teachers whom we interviewed. They said:

> "It's a necessary evil to code kids; that's how they get the services they need. We just don't have a lot of options for the borderline, low achieving students in MCPS. Coding them is the fastest way to the extra help they need."
>
> "Students who aren't doing well are entitled to the best resources available and special education is one way to get the one-on-one help many of them need to catch up."
>
> "MCPS needs to focus on the low-achieving, gray zone students. These students might not be handicapped according to the law, but they soon will be (unable to learn in a regular class) if they get much further behind."

Further, because experienced staff know that by spring a backlog in assessments and placements typically occurs, they try not to spend too much time in the early part of the year exploring alternatives. There is a fear, based on experience, that the longer they delay initiating the beginning of special education documentation and assessment procedures, the greater the chance of a student missing out on services which are needed. A principal told us, "If schools try to work with a student before referring him, the school and child may be penalized because areas tend to get a backlog of cases as the year progresses." A number of staff will admit outright that some of the judgment calls are very suspect, but they firmly believe that they are being made with the best interests of the student in mind.

However, it is not possible to attribute all the problems found in initial special education referral and placement to the desire to help children. Teacher reports and observations of meetings clearly showed that confusion over what is supposed to be done, as well as lack of monitoring of what is done, contributed to the situation. We see problems in three critical areas:

- communication to schools regarding what is and is not acceptable practice

- o training of staff regarding EMT and SARD procedures
- o monitoring of the initial referral and placement process

Communication

Directions to staff regarding the special education program are contained in a variety of documents. Critical documents are Access to Continuum Education Services (ACES) which describes the EMT and SARD process and Special Education Resource Program Notebook which serves as a guide to resource teachers as they implement the EMT and SARD procedures. In addition, the Divisions within the Office of Special and Alternative Education periodically send out memos which update, supplement or correct the information presented in the two basic documents.

Our examination of these documents suggested that the information which they provide may contribute to the confusion we found. And, even where attempts have been made to correct misunderstandings, it is not at all clear that these corrections have reached the intended audience.

Information presented on the EMT provides a case in point. Definitions contained in these documents may confuse many staff, although those who really do understand the procedures (and probably do not need the manuals) understand what is being described. For example, page 9 of the Resource Notebook says

> "The purpose of the EMT...is to provide a forum for assessment and placement of students within a school."

While this does not directly state that the EMT is part of the initial referral and placement process for special education, it certainly could be read as implying such.

Our interviews with principals also suggested that the written guidelines were contributing to the problem. Several shared frustration with the presentation of the EMT and SARD processes in the ACES handbook. A strong recommendation was that the procedures should be separated clearly and concisely so that staff could better understand the purpose of each of these meetings and how they should function.

An area of confusion has to do with the assessment procedures used to determine whether or not a student is handicapped. Our examination of the Resource Notebook suggests that many of the practices cited in chapter 2 as being questionable, if not indefensible, are not disapproved according to the notebook. While most are not exactly approved, either, the discussion of their strengths and weaknesses leads to no clear conclusion.

The discussion of the Otis-Lennon provides one such example. The Resource Notebook originally suggested the Otis Lennon (a group test) can be used as a screening device for individual students suspected of having a handicapping condition. However, updates to the Resource Notebook appear to imply that the Otis-Lennon can also be used as a diagnostic instrument, in conjunction with the Test of Nonverbal Intelligence. The use of the Otis-Lennon for this purpose has been questioned by many, including MCPS' own psychologists. They point out that using a test designed for group

administration with individual students is quite problematic. There are important limitations to be considered when using this test with students functioning at lower intellectual levels. Figures on use of the Otis-Lennon clearly indicate that it not only remains a very popular instrument, but its use has increased between 1984 and 1986.

Another problem with the communication linkage is that updates and supplements to the basic books which are sent out in memo form may not reach all staff who need them. There really is no way to know whether or not the information available in the schools is as current as it needs to be. Clearly, staff are at a disadvantage if they are working from guidelines which are outdated or incomplete.

Taken together, these findings clearly suggest that there is a need to examine the various documents which describe the special education procedures, to update them, and to integrate them in a way that provides staff with an easy to use, coherent set of instructions regarding special education. The recently completed revisions the ACES procedures is an important step in this direction. In addition, steps need to be taken to assure that other documents pertaining to special education, such as the Resource Notebook, are updated, so that school staff could be assured of having a set of procedures and guidelines that represent the best of current thinking.

TRAINING

Staff training is a second area which emerged as a concern. Comments from principals and teachers suggested that today's staff (especially regular education teachers) all too often have only fragmentary, and perhaps outdated, knowledge of procedures, and, thus, practices vary from school to school. The introduction of the LD initiative may have inadvertently exacerbated this problem, with confusion arising when teachers who have been trained in the process move from schools where the initiative is well underway to schools where the project is less well developed.

For example, one teacher said

> "Our EMT doesn't work well together. I wanted to follow the LD Project with this student but the regular team members thwarted my efforts. No one had information about what tests were appropriate. Things were much different in the other school I was in two years ago."

In our study we also observed cases where problems occurred because staff did not have adequate knowledge of what was supposed to be happening in the EMT or SARD meeting. In one meeting, considerable confusion occurred because the referring teacher was new and had no knowledge of EMT procedures. In another, the results of a meeting were nullified and the completed paperwork torn up because a staff member felt that correct procedures had not been followed.

Principals also felt that more training is needed in the area of prereferral interventions and alternative program options. They felt that fewer students would be referred for special services if classroom teachers had a wider repertoire of classroom strategies from which to choose. A principal offered:

> "There is a need for a major countywide training program for all staff to teach them ways to develop and use a variety of classroom strategies and accommodations with minority, bilingual, and disadvantaged children."

Another added:

> "Local school people don't know about the range of different kinds of MCPS programs available for kids. Teachers and principals need to know about all the resources and services available. Area psychologists and pupil/personnel workers, especially new ones, don't know and/or don't advise school people about the options available to children with problems."

When ACES was first introduced in 1977-78, a comprehensive training effort was undertaken on a school-by-school basis to familiarize staff with the new procedures and to answer any questions which arose. However, since that time training has been somewhat fragmented and divided among the various units such as the Department of Staff Development, the Special/Alternative Education Inservice Training Unit, and the areas. Further, enrollment in the courses or workshops is typically voluntary and most often occurs "after hours" as an addition to the workday.

New teachers and staff wishing to renew the teaching or supervisory certificates are required to take an introductory special education course that will either review a variety of handicapping conditions or provide adaptations that regular teachers can make for mainstreamed youngsters. Most MCPS personnel take SE.35, Teaching Students with Special Needs, offered by the Special/Alternative Education Inservice Training Unit. This is the only course in special education required of regular classroom teachers.

For more experienced teachers, the inservice training unit offers a variety of courses which touch on various aspects of the ACES procedures. Enrollment in these is, however, voluntary, and there is no guarantee that staff who need training actually seek it out. The Unit also sponsors new resource programs and special, classroom teacher summer training of about 6 hours a day for 10 days in areas such as screening and assessment, writing evaluation reports, IEPs classroom management, and using reasonable accommodations for mainstreaming instructional strategies. In addition, the unit conducts a summer workshop for new School Inservice Coordinators for Mainstreaming to develop skills for school-based training and successful mainstreaming. Participants are recommended by their principals and enrollment is limited.

Workshops have also been offered by divisions within the Office of Special and Alternative Education. For example, workshops have been provided to resource program teachers several times a year to update them on procedures and introduce new material such as was done with the Resource Notebook in

1983. These one day meetings can be useful for those who attend, but, since attendance is not mandatory, the coverage they provide may or may not be adequate.

Finally, the training program for new principals also includes some familiarization with the ACES procedures and their implementation. This familiarization is, however, limited in time, as it is only one part of a series of training modules which are offered in a tight time frame. About a half a day is devoted to federal, state, and local laws regarding education for the handicapped, including the ACES procedures. A second half day focuses on informing new principals about the services and resources available for students at risk. Principals themselves have expressed a concern that the time devoted to this training is far from adequate.

If we are to clean up some of the misunderstandings noted in this report, a renewed comprehensive training effort needs to be undertaken. New teachers and new principals, as well as more experienced staff, need to be brought up to date on the law, its interpretation, and its implementation in MCPS.

In addition, there is a need to provide better overall management and follow-up for the training effort. This need is not unique to special education. Weaknesses in these areas on a systemwide basis were pointed out in a recent DEA study entitled The Systemwide Management of Staff Training (Baacke, 1987). However, the impact of these weaknesses clearly shows in inconsistencies and confusion which we have found regarding initial referral and placement procedures. Given the fact that we are dealing here not only with educational issues but with legal mandates, the current situation should surely be carefully reexamined.

Monitoring

A final concern relates to the issue of monitoring the initial referral and placement practices for Levels 1 to 3. There appeared to be little monitoring of these practices going on and, it is difficult to tell from MCPS documents or job descriptions exactly who is expected to monitor the EMT and SARD processes and assure that all legal mandates are being met.

As we stated in chapter I of this report, special education in Montgomery County is a shared responsibility, with different groups being responsible for services, depending on the severity of the handicap. Basically, the levels on which this study is focused, Levels 1 to 3, are supposed to be the responsibility of the local schools and the area offices. However, inspection of the job descriptions for the area office staff does not reveal any direct mention of monitoring the EMT and SARD procedures and the indirect statements suggest that many staff members could be expected to undertake part of the responsibility. For example,

- The Area Director of Educational Services is expected to provide "oversight to educational activities of area schools."
- The Supervisors of Elementary Instruction are expected to "monitor elementary schools implementation of the educational program" and are required to have "thorough knowledge of...the requirements of Pl 94-142."

- The Supervisor of Special Services "plans for, supports, and monitors pupil service supports to the schools and assists principals in implementing special education requirements in the schools." The Supervisor is also expected to have thorough knowledge of Pl 94-142.

- The Assistant Supervisor for Special Services "provides a range of services to local schools, including clarifying and interpreting special education program goals; providing consultation related to developing and implementing Individualized Education Plans (IEPs); helping in selecting and ordering appropriate materials and equipment; planning and coordinating annual placement review meeting; participating in parent conferences; and following up on placement decisions to assure the smooth integration of new students into the program."

Explicit references to monitoring are also absent from the job descriptions of supporting staff such as psychologists, pupil/personnel workers, and teacher specialists.

This may mean that by default the tasks of both implementing and monitoring the implementation of the initial referral and placement process rest with the principal. While this may be adequate in some schools, the evidence provided by this study clearly suggests that greater oversight is needed in a number of cases. It may be unrealistic to expect even the most informed of principals to have all the knowledge necessary to monitor what is happening in the SARDs. Further, in an area such as special education where litigation leads to changes in requirements and legally acceptable procedures, careful monitoring is very important.

It is important therefore that MCPS examine and clarify this issue of who is responsible for monitoring the EMT and SARD procedures. As this study showed, increased monitoring is needed in a wide variety of areas--proper implementation of procedures, due process, documentation, and assessment. The best way to provide such monitoring is an issue requiring careful thought.

CHAPTER 4

CONCLUSIONS

Our study was designed to look at two questions

- Are the special education initial referral and placement procedures working as intended? What happens when a student is seen to have learning or behavioral difficulties?

- Why are minority students more frequently coded as handicapped and needing special education services than majority group students?

Our answer to the first question is clear. The system for implementing and monitoring this aspect of special education was not working as well as it could. The strategy of shared responsibility did not seem to be working well, and ownership of the process was lacking. Despite the best intentions of all involved, students were probably being placed in special education and coded as handicapped who need not be.

Our findings suggest several possible explanations for this, and each is probably true to some extent.

- Staff were not adequately trained to deal with "at risk" students in the regular program and see placement in special education as the only way to get extra services for students who they feel are in academic or behavioral trouble.

- Staff did not fully understand the difference between the EMT and the SARD processes and what is supposed to be done in each, thus many inappropriate deviations occur in practice.

- The guidelines to staff contain a good general framework for implementing the special education procedures. However, in some critical areas, they are confusing and, possibly, misleading. The area of assessment is one where such confusion is significant and potentially very detrimental.

- While many excellent courses and inservice workshops were offered for staff, training was fragmented and voluntary. Incentives for pursuing additional training were very limited, and the time required is typically an add-on to the regular workday. Further, there was no clearly established process for coordinating the overall training program or assuring its quality.

- Monitoring stands out as a critical problem. The study indicates that very little monitoring was occurring. It is difficult to tell who is charged with the role, even in theory.

There are many different ways in which these problems can be attacked. Indeed, some are already being addressed by programs and task forces which recently have been established. However, given our findings there are some critical needs which we want to stress.

There is a need to communicate and, probably, develop alternatives to special education placement for dealing with students who are having difficulty in the regular classroom. The feeling of many teachers that special education provides the only alternative for "at risk" students is unhealthy both for students and the system. Training provides one vehicle for reaching this goal.

More monitoring of the initial referral and placement process is needed to assure that we are in compliance with both the law and professionally accepted practice. This should be done on an ongoing basis, with documentation as well as practice at meetings being included.

Problems in the assessment process need to be addressed. Much clearer and more stringent guidelines need to be developed specifying which instruments can and cannot be used and for what purposes. The LD Initiative appears to make great strides in this area. Hopefully, with its systemwide implementation and the training which goes along with it, these problems with assessment will begin to be solved.

As a minimum, addressing these problems requires

- An update to the procedures manual for special education to assure clear communication of what is expected.

- The provision of additional training in special education procedures to regular school staff to assure consistency across the elementary schools.

The answer to the second question is far less obvious. We did not find any particular practices or set of practices that seemed to be implemented differently for minority as compared to majority students. The problems noted in this report occurred equally for students from both groups, and we could find no evidence that schools were somehow "shunting" minority students off into special services. Rather, we suspect that the problem lies in the fact that special education placement has become the prevailing tool for handling students "at risk"--and more Blacks and Hispanics are seen to be "at risk" relative to their numbers in the population. This suggests that, if we can develop better ways of handling the procedures used with all students, we should also be able to address the problem of coding fewer numbers of Black and Hispanic children as handicapped. However, it is also clear that special efforts have to be continued to increase the achievement of Black and Hispanic students, as called for under Priority 2, so that fewer of these students are seen as being "at risk." Taken together, these actions should have a major impact on the special education referral and placement process and who is ultimately coded as handicapped.

APPENDIX A

EVALUATION METHODS

INTRODUCTION

The study of referral and placement practices took place during the 1985-86 school year in 28 selected elementary schools. The study followed the referral practices used to provide help to students who experienced academic or behavior problems. School referral practices at the Educational Management Team (EMT) and School Admission, Review, Dismissal (SARD) level were the focus for the study's data gathering activities. Findings in this report are based upon staff interviews, observations of EMT and SARD meetings, reviews of student records, and SEDs records.

SAMPLE

Schools. Data collection activities took place in 28 elementary schools, selected across the three administrative areas. MCPS Statistical Profiles, 1984-85 provided data for the selection of sample schools. The following factors were considered in selecting participating schools: school size, minority enrollment, mobility rates, Chapter 1 funding (non-special education resources) and extent of participation in the Maryland Learning Disabilities Project. Schools were drawn from each area with large and small percentages of selection criteria, with and without Chapter 1 funding, and with old, new, or no involvement in the L.D. Project. Tables A1 to A3 show categories of selection factors for participating sample schools.

EXHIBIT A.1

SAMPLE ELEMENTARY SCHOOLS
GROUPED BY ENROLLMENT AND PERCENT OF MINORITY
MCPS PROFILES, 1984-85 *

	HIGH % MINORITY (above 27.2%)	LOW % MINORITY (below 27.2%)
LARGE SCHOOL ENROLLMENT (above 394)	Beall Farmland Gaithersburg Page Kemp Mill Washington Grove	Barnsley Beverly Farms Brookhaven Brown Station Cashell Damascus Greenwood Wayside
SMALL SCHOOL ENROLLMENT (below 394)	Ashburton Broad Acres Garrett Park Maryvale Rosemont Stonegate Strathmore Summit Hall	Candlewood Meadow Hall Monocacy Olney Potomac Sherwood

* MCPS Statistical Profiles, 1985. Source of data used to prepare lists of sample schools fitting selection criteria (i.e., enrollment, percent of minority, mobility rate, and Chapter 1 resources). Median elementary school enrollment for 1984-85 was 394; median percentage of minorities was 27.4 %.

EXHIBIT A.2

MOBILITY RATE FOR SAMPLE SCHOOLS

HIGH % MOBILITY (above 40.5%)	median	LOW % MOBILITY (below 40.5)
Ashburton		Barnsley
Broad Acres		Beall
Brown Station		Beverly Farms
Candlewood		Brookhaven
Farmland		Cashell
Gaithersburg		Damascus
Garrett Park		Greenwood
Kemp Mill		Monocacy
Maryvale		Olney
Meadow Hall		Page
Rosemont		Potomac
Strathmore		Sherwood
Summit Hall		Stonegate
		Washington Grove
		Wayside

EXHIBIT A.3

SAMPLE SCHOOLS WITH CHAPTER 1 FUNDING AND MARYLAND LEARNING DISABILITIES PROJECT AS OF 1985-86

LEARNING DISABILITIES PROJECT *	CHAPTER 1 FUNDS **
Ashburton	Beall
Barnsley	Broad Acres
Beall	Gaithersburg
Beverly Farms	Kemp Mill
Broad Acres	Maryvale
Cashell	Meadow Hall
Damascus	Monocacy
Farmland	Rosemont
Maryvale	Summit Hall
Meadow Hall	
Page	
Potomac	
Rosemont	
Summit Hall	
Washington Grove	
Wayside	

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* MARYLAND LEARNING DISABILITIES PROJECT is MD State Department of Education project to improve identification, evaluation, and placement of learning disabled students. As of 1985-86, MCPS is in the seventh year of participation in selected elementary schools with full implementation slated for 1987-88.

** CHAPTER 1 FUNDING is a federal funding program to provide money to local school districts for programs for educationally disadvantaged students. The 1986-87 Chapter 1 program in MCPS served approximately 3100 kindergarten through fourth grade students in 24 public elementary schools.

Students. Names of students were collected from the sample schools. Staff identified approximately 20-25 regular education students (K-6) who were the subject of staff concerns and seen as "at risk" for referral to an Educational Management Team. Students were viewed by their teachers as experiencing academic (i.e., basic skill deficiencies, low achievement) or behavior (i.e. acting out, inattention) problems in school. The sample consisted of 650 students named by the 28 schools to this group. The study tracked the SEDS handicapped and non-handicapped service records for these students from 1985-1987, for the purpose of identifying coding patterns. Data from school rosters and SEDS records provided information about coding outcomes.

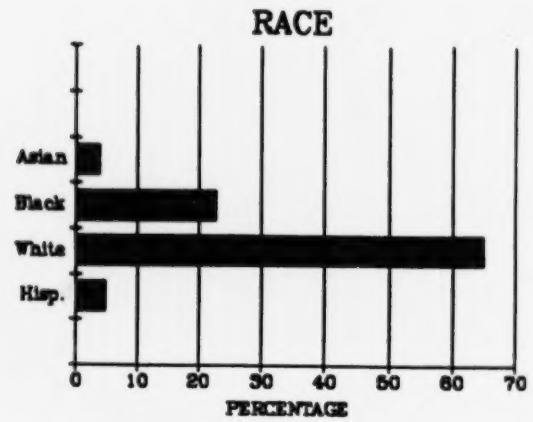
In addition, some students, (N=302) were selected from the sample and followed closely during the 1985-86 school year. DEA staff attended EMT and SARD meetings, where their problems were discussed, interviewed teachers who knew them, and talked with psychologists and pupil personnel workers involved in their cases. Detailed record reviews were conducted of their school records. These data provide detailed information about actual referral and placement practices, as school explored interventions to help these students.

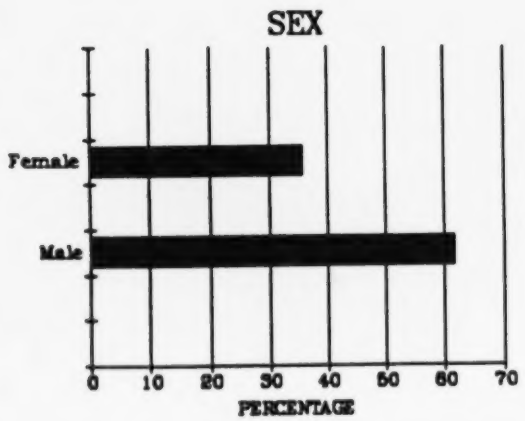
We also examined the school records of 175 students coded in the "soft" handicapping categories during the preceding 1984-85 school year. These data allowed us to make comparisons of coding practices, especially in the areas of assessment and documentation.

EXHIBIT A4 presents demographics for students in the sample and EXHIBIT A5 presents demographics for the subsample.

EXHIBIT A-4

DEMOGRAPHICS FOR SAMPLE OF "AT RISK" STUDENTS
(N=650)





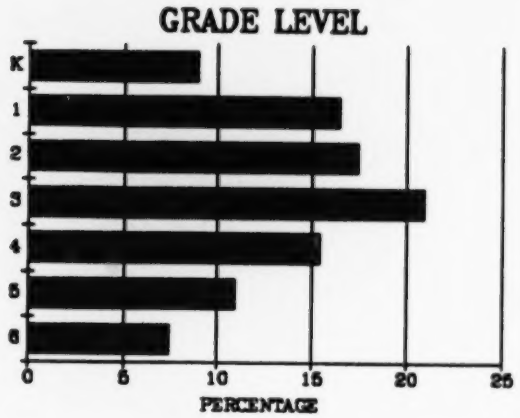
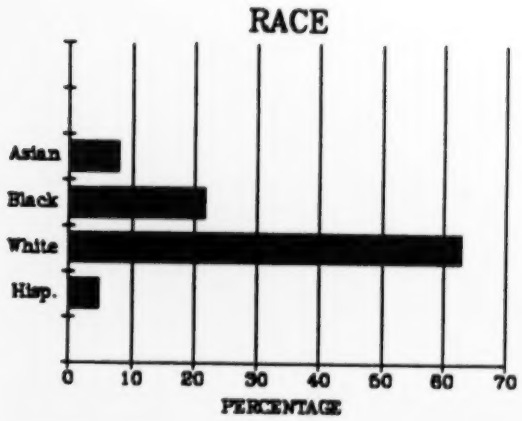
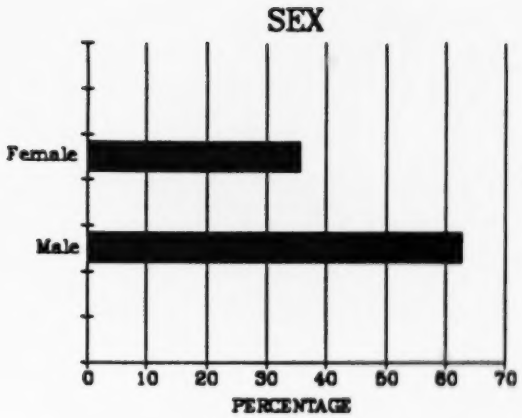
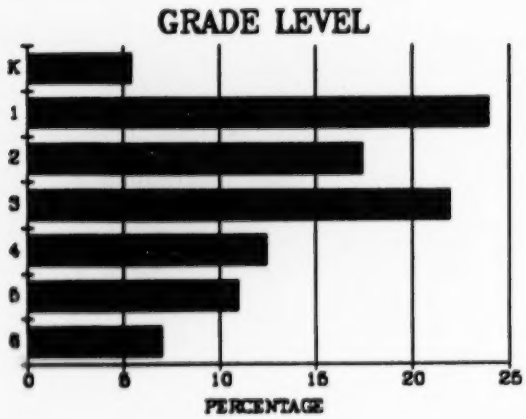


EXHIBIT A-5

DEMOGRAPHICS FOR SUBSAMPLE STUDENTS
(N=302)







MEASURES

Since no measures existed to monitor initial referral practices or ACES procedures, the study required the development of data collection instruments. Data about referral practices were collected using the following instruments:

- o Record Review Surveys - to document descriptive data in student records
- o EMT and SARD Meeting Observation Surveys - to get descriptions of practices and procedures during school meetings
- o Structured Staff Interview Guides - to get staff perceptions of student problems, interventions, and the referral process

TABLE A-6 summarizes data sources, respondents, purposes and procedures.

DATA ANALYSES

Examining the Referrals and Placements Process. Student identification numbers from school rosters and SEDs records were used to track coding outcomes for students in the **sample**. These data provide information about the overall coding patterns, since all students in the sample were not closely followed during the study. In addition these data were used to establish representativeness of the samples.

For students in the **subsample** coding results were combined with selected items from record reviews, observations, and interviews. These data were examined against criteria taken from ACES guidelines and the Portney (1980) study which establish appropropriate referral and placement practices, and are summarized and presented in APPENDIX C. These criteria helped to determine overall appropriateness of handicapping codes.

Examining Implementation of ACES Procedures. Record reviews, observations, and staff interviews were examined to identify compliance with ACES initial referral practices and to establish the degree of consistency systemwide. Implementation of ACES and compliance with due process guidelines for initial placements were examined. Major aspects of implementation included appropriate documentation, evaluation, due process, and the use of prereferral interventions as described in ACES handbooks.

Analyses of staff interview data provided an additional profile of the efficacy of ACES based on staff perceptions and opinions about implementation of ACES at the school level. Principals, Pupil Personnel Workers, Psychologists, Resource and Speech Teachers and regular classroom teachers gave detailed responses.

EVALUATION METHODS

EXHIBIT A-6
Summary of Data Sources and Procedures
Referral and Placement Practices Study

DATA SOURCES	PURPOSE	RESPONDENTS	PROCEDURE
Elementary School Principal Interview Guide	To obtain descriptions of EMT and SARD process To identify administrators' perceptions	28 Principals in sample schools (N=28 Interviews)	Conduct face-to-face interviews (September 1985)
EMT and SARD Meeting Observation Survey	To obtain descriptions of practices during school EMT and SARD meetings To identify EMT and SARD practices	EMT and SARD meeting events recorded by trained DEA observers (N=203 Observations)	Conduct observations of EMT and SARD meetings (November 1985 - April 1986)
Teacher Interview Guide	To obtain descriptions of student problems, interventions, and perceptions of EMT and SARD practices To identify prereferral and referral practices To identify teachers' perceptions	Classroom teachers of students identified for "concerns" lists (N=285 Interviews)	Conduct face-to-face interviews (May - June 1986)
Specialist Interview Guide	To obtain descriptions of student problems, interventions, and perceptions of EMT and SARD practices To identify prereferral and referral practices To identify specialists' perceptions	School specialists (i.e., speech pathologists, resource teachers, counselors, and reading teachers) (N=100 Interviews)	Conduct face-to-face interviews (April - May 1986)
Record Review Survey Guide	To obtain descriptive data from student records To identify prereferral and referral procedures and practices	Student records of selected student (N=437 record reviews)	Conduct detailed examination of student cumulative, confidential, and health records (May - August 1986)
Psychologist and Pupil Personnel Worker (PPW) Interview Guide	To obtain descriptions of student problems, interventions, and perceptions of EMT and SARD practices To identify referral procedures and practices To identify area office/school personnel perceptions	Psychologists and pupil personnel workers in sample schools (N=32 Interviews)	Conduct face-to-face interviews (August - September 1986)

A-7

APPENDIX B

STUDENTS SEEN TO BE "AT RISK" AND PLACED IN SPECIAL EDUCATION

Students Seen to be at "At-Risk"

Overall, the study shows that the profile of students "seen to be at risk" and those who are "newly identified" for special education matches closely the profile of those currently receiving services. These data affirm that identification is a significant part of the problem of the over-representation of black and Hispanic students among students coded as handicapped. Specifically,

Data suggest that students flagged as being "at risk" are most likely to be black, male, and in grades one through grade four.

Exhibit B-1 provides a description by race, sex, and grade of the students seen as "at risk" in the 28 schools. As these data show males were almost twice as likely as females to be tagged; blacks were twice as likely as whites or Hispanic to be flagged; and students in grades one through four were more than twice as likely as older or younger elementary students to be seen as "at risk."

Students Who Are Coded

Data indicate that 16% of the students flagged as being at risk were ultimately coded as handicapped; in addition about 7% received a non-handicapped SEDS code.[3]

The study used data from the Special/Alternative Education Data System (SEDS), the information system which collects and reports special education service data, to determine the handicapping status of the 650 sample students. Exhibit B-2 based on these data shows the percentage of students from each racial ethnic group coded as handicapped. The data indicate that handicapping codes were more likely for blacks and for students in grades 1-3. Girls were slightly more likely than boys to be coded once they were seen as "at risk."

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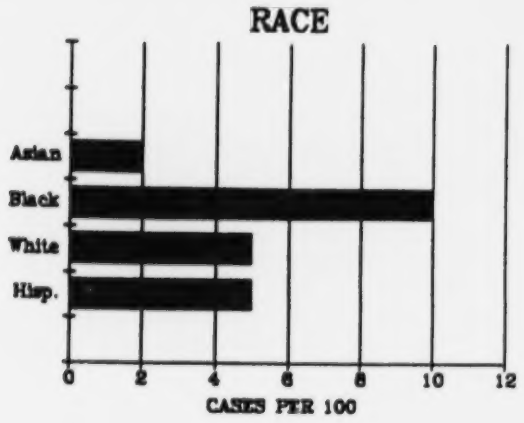
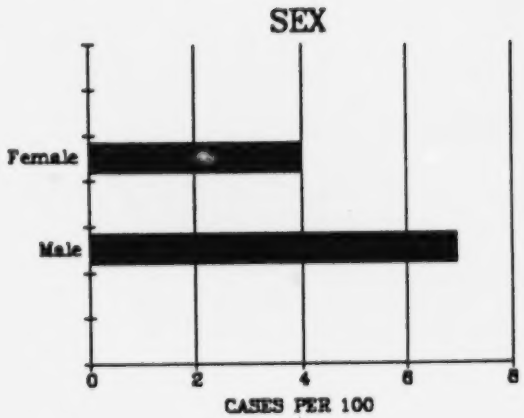
3 Non-handicapped SEDS codes are used to identify non-handicapped students with special needs who receive services from Special Education, ESOL, or Chapter 1 services.

Exhibit B-1

PERCENTAGE OF STUDENTS SEEN TO BE "AT RISK"
BY RACIAL/ETHNIC GROUP, SEX, AND GRADE
Fall 1985





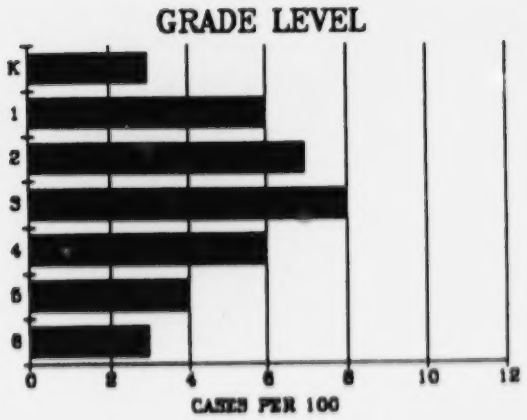
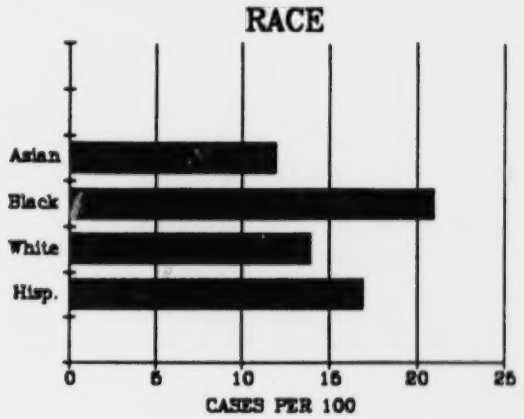
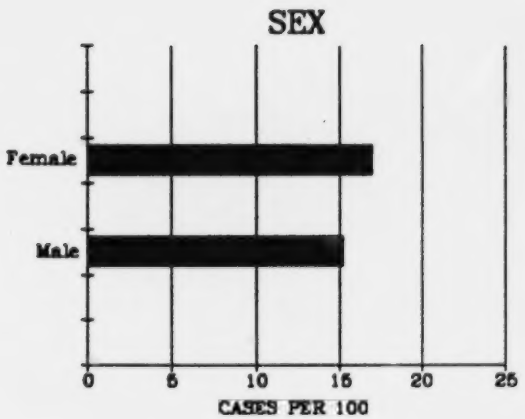
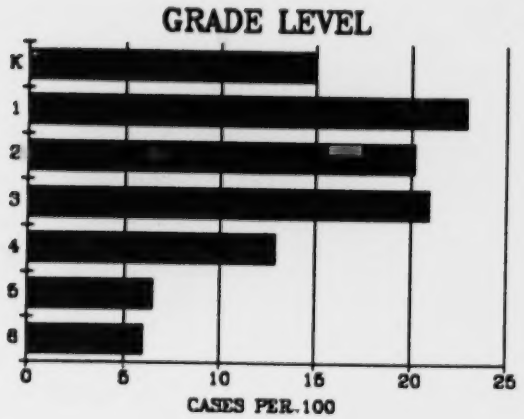


Exhibit B-2

PERCENTAGE OF STUDENTS CODED IN "SOFT" HANDICAPPED CATEGORIES
BY RACIAL/ETHNIC GROUP, SEX, AND GRADE
BASED ON SEDS - SUMMER 1987







57

The study also showed that the most frequently used handicapping codes were for learning disabilities (54%) and speech/language disorders (41%), while slightly less than 5% were coded emotionally impaired. SEDS records indicated that mildly mentally retarded codes were not used in any of the schools we studied.

Differences by Group

The chances of being coded as handicapped for students from different racial ethnic and gender groups varied across handicapping conditions

Exhibit B-3 shows the odds of being coded as learning disabled, speech/language, and emotionally impaired for students from different racial/ethnic groups. This figure shows that:

- Chances were even for an LD handicapping code for blacks and whites but both were about three times more likely than Asians or Hispanic to be coded LD.

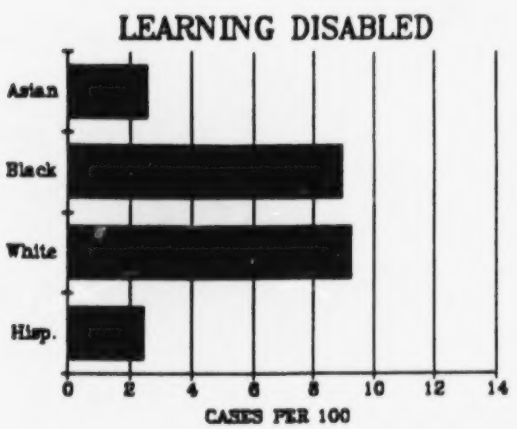
- Blacks were about twice as likely as whites to receive a speech code and ten times more likely to receive an emotionally impaired code.

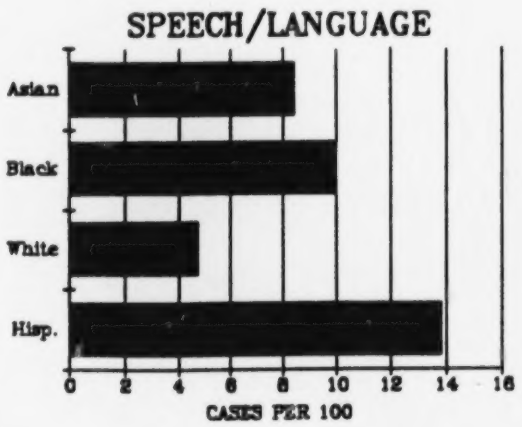
- While overall Hispanic students were only slightly disproportionately coded as handicapped, they were about three times more likely than whites to be placed in the speech/language disordered category.

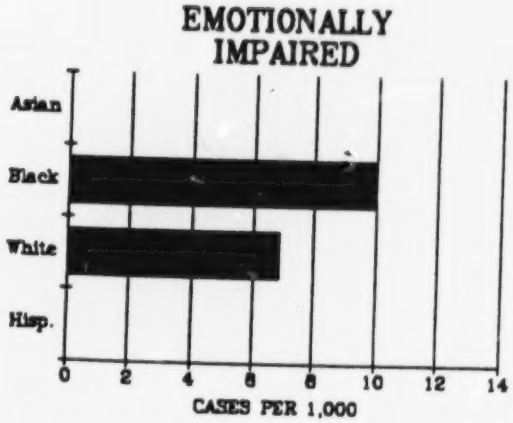
- Asian students were half as likely as whites to be coded as handicapped and when coded were most likely to have a speech impairment.

Exhibit B-3

PERCENTAGE OF STUDENTS FROM EACH RACIAL/ETHNIC GROUP RECEIVING "SOFT" HANDICAPPED CODES BASED ON SEDS - SUMMER 1987







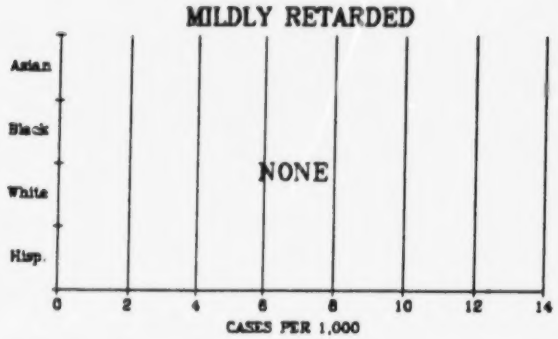
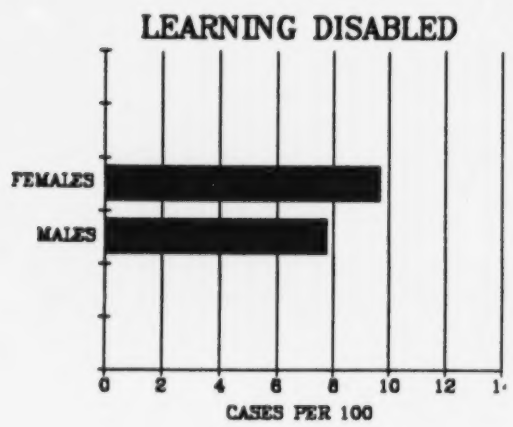


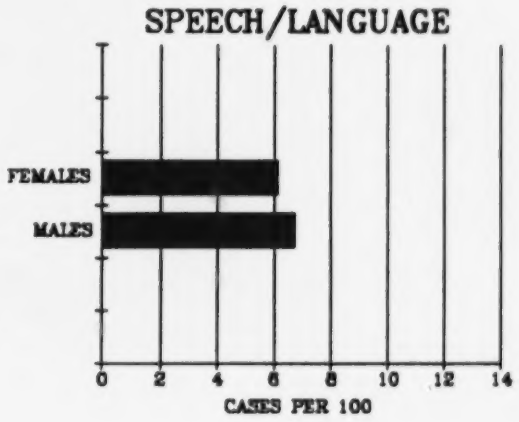
Exhibit B-4 presents these data by gender and includes the following:

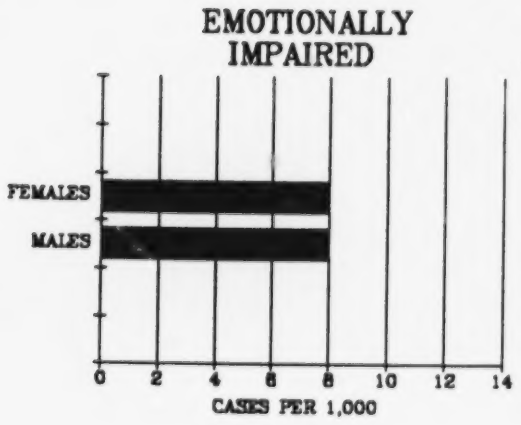
- Females were slightly more likely than males to receive a learning disabilities code and slightly less likely to receive a speech/language code.
- Odds appeared to be about even for emotionally impaired codes, but the numbers involved were so small as to limit these findings.

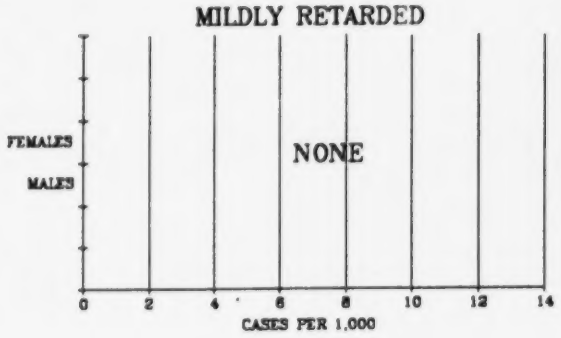
Exhibit B-4

PERCENTAGE OF MALES AND FEMALES IDENTIFIED AS HAVING "SOFT" HANDCAPPING CONDITIONS BASED ON SEDS - SUMMER 1987









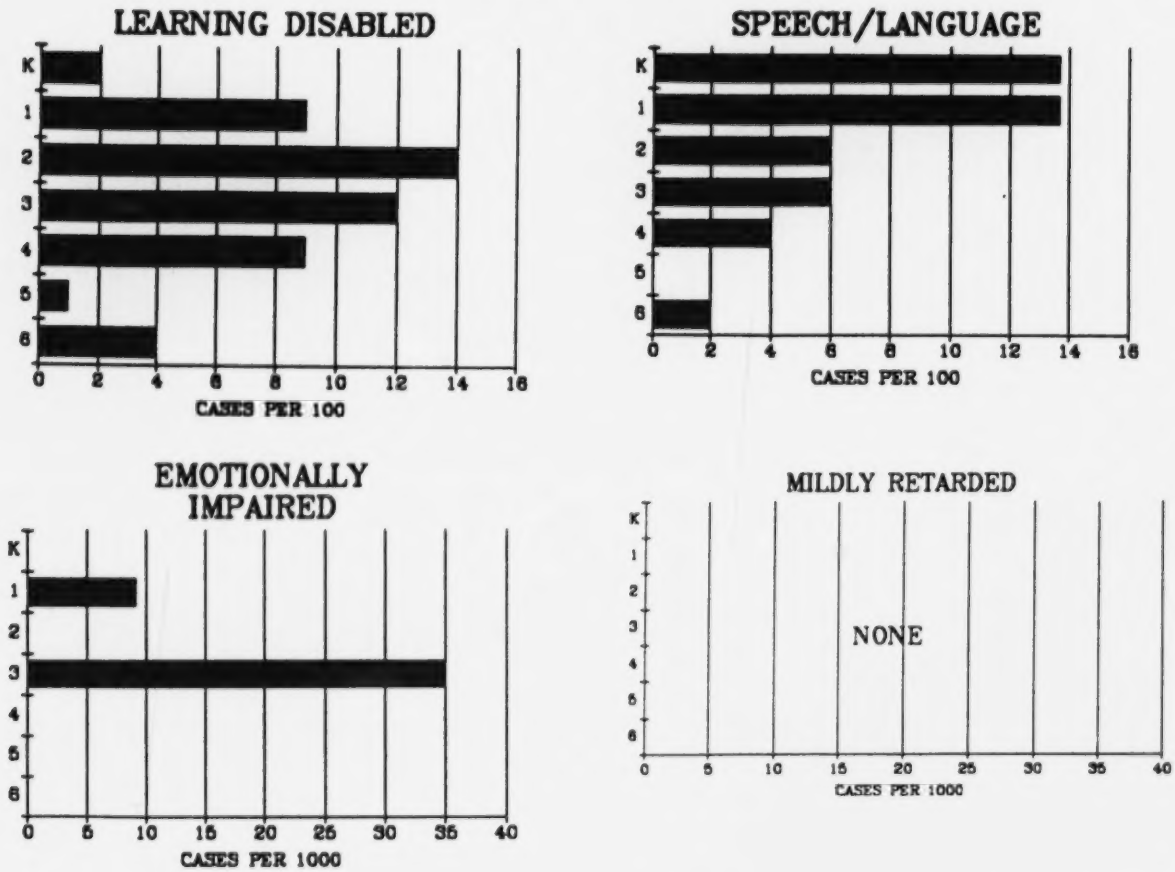
Identification for Handicapping conditions vary across grade levels.

Exhibit B-5 shows the frequency of identification by grade level and handicapping condition. These data show that second and third grades appear to be a particularly high risk time for the learning disabilities code. In kindergarten and first grade, in contrast, the speech/language code predominates.

Exhibit B-5

PERCENTAGE OF STUDENTS IDENTIFIED IN THE "SOFT" HANDICAPPING CATEGORIES BY GRADE LEVEL AND HANDICAPPING CONDITION

BASED ON SEDS - SUMMER 1987



Substantial discrepancies in coding data exist between the information recorded in SEDS and that provided by other sources--student records, EMT/SARD notes, and staff interviews.

A by-product of our analyses was the finding that different data sources yielded different pictures of which students had been coded and what code/level of services they were to receive.

The contradictory information appeared to fall into the following types of patterns:

- Handicapping codes appeared in students' records, but no entry was found in SEDS for 21 (26%) out of 79 students who appeared to be coded.

- Handicapping codes appeared in SEDS, but no record of handicapped services appeared in school records for 15 (19%) out of 79 student cases we reviewed.

- SEDS records showed a non-handicapping diagnostic code (190) was given to 5 (6%) out of 79 students; however the students' records showed a handicapped code (i.e., 09, 04) recorded in their school folder records.

- Discrepancies in level of service were found for 4 (5%) out of 79 cases between SEDS records and students' individual educational plans (IEPs); discrepancies in students' race and sex were found for 9 (11%) of 79 cases reviewed.

APPENDIX C

CRITERIA FOR EVALUATING APPROPRIATE PLACEMENTS

BASED ON P.L. 94-142, COMAR 13A.05.01, ACES GUIDELINES FOR PRACTICES

1. Alternative remedial services were provided prior to referral for placement. (ACES PROCEDURES AND MCPS Related Policies: IOG-RA, IOH-RA)

2. Remedial attempts were monitored and found to be insufficient to meet needs of the child. (ACES PROCEDURES AND MCPS Related Policies: IOG-RA, IOH-RA)

3. A multidisciplinary team makes placement decisions. (P.L. 94-142: 300-532, COMAR 13A.05, ACES)

4. Placement decisions involved persons knowledgeable about the child and the evaluation data. (P.L. 94-142: 300-533, COMAR 13A.05, ACES)

5. Parents are included in the placement process. (P.L. 94-142:300-345, COMAR 13A.05, ACES)

6. Parents are given written notice (MCPS-ACES-COMAR requires 10-days) before school initiates evaluation and identification procedures. (P.L. 94-142: 300-504)

7. Parents are informed of due process rights. (P.L. 94-142: 300-500, COMAR 13A.05, ACES)

8. No single procedure is used as the sole criterion for determining placement. (P.L. 94-142: 300-532, COMAR 13A.05, ACES)

9. Information from a variety of sources is used and documented. (P.L. 94-142: 300-533, COMAR 13A.05, ACES)

10. The child is assessed by qualified examiners. (P.L. 94-142: 300-532, COMAR 13A.05, ACES)

11. The child is assessed in all areas related to the suspected disability. (P.L. 94-142: 300-532, COMAR 13A.05, ACES)

12. A complete diagnostic evaluation is conducted prior to placement. (P.L. 94-142: 300-531, COMAR 13A.05, ACES)

13. Testing and evaluation materials and procedures are selected and administered in a way that is not racially or culturally discriminatory. (P.L. 94-142: 300-530, COMAR 13A.05, ACES)

14. Tests and evaluation materials are provided and administered in the child's native language. Tests are validated for the purpose for which they are used. Tests are administered correctly by trained personnel. Tests assess specific areas of specific need, not just intelligence. Tests validly and reliably reflect aptitude, achievement level, and strengths, rather than focusing solely upon impaired skills. (P.L. 94-142: 300-532, COMAR 13A.05, ACES)

15. Participants at evaluation and placement meetings must include (at a minimum) the child's parent(s), teacher, special educator, and an administrative representative. (P.L. 94-142: 300-344, COMAR 13A.05, ACES)

16. At least one team member other than the child's regular teacher must observe the child's academic performance in the regular school setting. (P.L. 94-142: 300-542, COMAR 13A.05)

17. Learning disabled children require a written evaluation report which describes the evidence which supports the handicapped code. (P.L. 94-142: 300-543, COMAR 13A.05)

APPENDIX D

SELECTED MCPS INITIAL REFERRAL AND PLACEMENT PRACTICES

EDUCATIONAL MANAGEMENT TEAM PRACTICES

PRACTICES	SOURCE	CASES REVIEWED	CASES YES	%
o Were parents contacted by the referral teacher or staff before child referred to EMT?	Teacher Interviews	285	104	36%
	Record Reviews	390	292	75%
o Were strategies used by the classroom teacher before referrals to EMTs?	Teacher Interviews	285	254	89%
o Which classroom strategies were most often used by teachers before referral?	Teacher Interviews (multiple strategies used by 69%)	254		
- Adjusted grouping in class			141	24%
- Conference with parents			104	18%
- Adjusted seating in class			90	15%
- Used Behavior Management Techniques (checklists, rewards)			76	13%
- Tried Accommodations (oral tests, tutors, LEA)			74	13%
- Changed books or materials			50	8%
- Adjusted workload/expectations			42	7%
o How often were referrals to EMTs initiated by classroom teachers?	Teacher Interviews	234	188	80%
	Record Reviews	385	375	97%
o Were classroom/referral teachers present at EMT meetings?	Teacher Interviews	234	204	87%
	Observations	154	130	84%
o Who most often chaired EMT meetings?	Observations	154		
- Principal			76	49%
- Resource Teacher			46	30%
- Speech Pathologist			12	8%
- Counselor			11	7%
o Who attended meetings	Observations			
-Resource Teacher		149		97%
-Reading Teacher		142		92%
-Referring Classroom Teacher		127		82%
-Speech Patholgist		124		81%
-Principal		107		70%
-Counselor		90		58%
-Nurse		41		27%
-PPW		39		25%

EDUCATIONAL MANAGEMENT TEAM PRACTICES

PRACTICES	SOURCE	CASES REVIEWED	CASES YES	%
-Psychologist		36		23%
-Disadvantage Teacher		24		16%
-Mother Only		20		13%
-Misc. Other - **		14		9%
-Father Only		9		6%
-Both Parents		9		5%
-Non-Referring Regular Classroom Teacher		8		5%
-ESOL Teacher		6		4%
o Did EMTs discuss strategies used by the classroom teacher prior to referral during EMTs?	Observations	154	65	42%
o What were the announced purposes for EMT meetings?	Observations	154		
- Report test results			33	21%
- Update student progress			32	21%
- Identify student problem			32	21%
- Teacher seeking suggestions			27	18%
- Attempt to determine placement			21	14%
- Inform parents about problem(s)			8	5%
o Were non-special education alternative/remedial services provided prior to referral for special education placement? (i.e. reading, Chapter 1, ESOL)	Record Reviews	240	53	22%
o Were interventions/strategies for classroom use suggested by EMTs to teachers?	Observations	154	55	34%
	Teacher Interviews	285	98	34%
o Which interventions/strateties were most likely to be suggested by EMTs?	Teacher Interviews	285		
	Total Strategies Suggested	138		
- Individual Accommodations (tutors, taped books, oral tests)			34	25%
- Behavior Management (rewards, contracts, checklists)			29	21%
- Adjust Work Group			23	17%
- Conference with Parents			17	12%
- Adjust Text Materials			11	8%
- Adjust Seating			9	7%
- Adjust Work Load (expectations)			7	5%
- Consult with specialist or other			8	6%

EDUCATIONAL MANAGEMENT TEAM PRACTICES

PRACTICES	SOURCE	CASES REVIEWED	CASES YES	%
o Were interventions monitored by EMTs?	Observations	154	64	42%
o Did EMTs give timeline for follow up on success of interventions?	Observations	54	4	7%
o Were students' strengths discussed by EMTs?	Observations	154	87	56%
o Were students' needs discussed by EMTs?	Observations	154	125	81%
o Which actions were most often recommended by EMTs?	Observations (multiple recommendations)	154		
- Recommended testing			79	51%
- Suggested intervention/strategy			54	35%
- Recommend changes in program			48	31%
- Handicap suspected, recommended follow up			35	23%
- Gather existing information			25	16%
- Refer directly to area office (bilingual or psy. testing)			16	10%
- Handicap identified, recommended code/placement			10	10%
- Closer Monitoring (observations assigned)			9	6%
o Were I.E.P.s written for non-handicapped students during EMTs?	Observations	154	13	8%
	Record Reviews	189	22	12%
o Were students referred to EMT prior to referral to SARD?	Record Reviews	415	381	92%

APPENDIX E

SELECTED MCPS INITIAL REFERRAL AND PLACEMENT PRACTICES

SCHOOL ADMISSIONS, REVIEW, AND DISMISSAL COMMITTEE PRACTICES (SARD)

TEAM COMPOSITION/FUNCTION	SOURCE	CASES REVIEWED	CASES YES	%
o Who chaired SARD meetings?	Observations	38		
- Principals			15	39%
- Resource Teacher			11	29%
- Counselor			7	18%
o Were SARD meetings attended by a special educator?	Observations	38	38	100%
note: meetings attended by range of 2 to 15 people; but one person was always a special educator.				
o Were SARD meetings attended by the child's teacher?	Observations	38	31	82%
o Were SARD meetings attended by parent(s) or representative?	Observations	38	24	63%
o Were SARD screening meetings held prior to diagnostic/ placement meetings?	Observations	38	6	16%
o What were the stated purposes of SARD meetings?	Observations	38		
- Report test results			15	39%
- Identify problem			7	18%
- Inform parents about problems			5	13%
- Determine placement			4	10%
- Seek suggestions/update report			6	14%
o Did SARD discuss strategies used previously prior to SARD referral?	Observations	38	18	47%
o Which actions were most often recommended by SARDs?	Observations	38		
- Recommended testing			20	53%
- Suspected handicap, recommended follow up			20	53%
- Recommended changes in program			15	39%
- Recommended intervention/strategy			15%	39%
- Identified handicap, recommended code/placement			11	29%
- Recommended gathering more information			8	21%
- Recommended referral to Area Office (Psychological or Bilingual Assessment)			5	13%

SCHOOL ADMISSIONS, REVIEW, AND DISMISSAL COMMITTEE PRACTICES (SARD)

	SOURCE	CASES REVIEWED	CASES YES	%
TEAM COMPOSITION/FUNCTION				
o Were any of the following factors discussed during SARDs prior to placement decisions?	Observations	30		
- Staff or Space availability			17	56%
- Available programs/services			16	53%
- Parent pressure/involvement			15	50%
- Time of the year			7	23%
DIAGNOSIS/EVALUATION				
o What factors were most often used to identify handicaps?	Observations (38) 11 coded			
- Test results		11/11	100%	
- Observations		3/11	27%	
- Work samples/achievement		2/11	18%	
- Specialist report		2/11	18%	
DOCUMENTATION/RECORDS				
o How often were educational assessment reports included in students' files?	Record Reviews	220	87	40%
o Were appropriate SARD referral forms (Form 335) found in students' files?	Record Reviews	220	147	67%
o Were SARD referral forms completed?	Record Reviews	220	140	64%
o Were parents given written invitation to SARD meetings 10 days before meetings?	Record Reviews	252	137	54%
o Were I.E.P.s found in files for students placed in special education?	Record Reviews	240	225	94%

SCHOOL ADMISSIONS, REVIEW, AND DISMISSAL COMMITTEE PRACTICES (SARD)

	SOURCE	CASES REVIEWED	CASES YES	%
DOCUMENTATION/RECORDS				
o Did parents give written permission for individual assessment	Record Reviews	395	187	47%
o Were discrepancies noted between the date I.E.P.s were signed and actual date of SARDs?	Record Reviews	240	33	14%
PARENT PARTICIPATION/DUE PROCESS				
o Were parents present at the SARD meetings?	Record Reviews	240	163	68%
	Observations	38	24	63%
o Were parents introduced to other meeting participants?	Observations	24	23	96%
o Were parents informed of the purpose of meeting?	Observations	24	22	92%
o Were parents asked to contribute information about the child?	Observations	24	23	96%
o Were parents given a chance to examine their child's records during the meeting?	Observations	24	2	8%
o Were parent's due process rights explained?	Observations	24	7	29%

APPENDIX F

STATUS OF ASSESSMENT INSTRUMENTS USED MOST FREQUENTLY IN MCPS TO IDENTIFY "SOFT HANDICAPS" BASED ON A COMPARISON OF RECORD REVIEW DATA FOR STUDENTS ASSESSED IN 1984-85 AND 1985-86

TESTS	RECORD REVIEW 1984-85 CASES N=173		RECORD REVIEW 1986 CASES N=85		DEGREE OF CHANGE	ACCEPTABLE* AS A TOOL FOR LABELING STUDENTS AS HANDICAPPED	COMMENTS**
	Total	%	Total	%	PERCENT		
(PPVT) PEABODY PICTURE VOCABULARY TEST	77	45.0	36	42.0	-3%	NO	Validity is poor. Possible cultural, racial bias; especially for Hispanics. Limitations; not for use as cognitive (IQ) test. Manual calls it a test of hearing vocabulary.
SLINGERLAND SCREENING TEST	60	35.0	16	19.0	-16%	NO	No norms; no validity.
WOODCOCK READING MASTERY TEST	52	30.0	31	36.0	+6%	YES	Use caution with subtests and norming tables.
OTIS-LENNON INTELLIGENCE TEST	47	27.0	28	33.0	+6%	NO	Group Test/Norms not representative of MCPS
(WISC-R) WECHSLER INTELLIGENCE SCALE FOR CHILDREN-REVISED	38	22.0	18	21.0	-1%	YES	Considered best available cognitive assessment; Administered by Psychologists

*Acceptable based on meeting 3 criteria: tests are individual, diagnostic and norm-referenced.
**Based on information contained in the Resource Teacher Notebook with inserts and Assessment of Children's Intelligence and Special Abilities, 2nd Ed., J. M. Sattler, San Diego State Univ. (1982).

F-1

TESTS	1984-85 CASES N=173		RECORD REVIEW 1986 CASES N=85		DEGREE OF CHANGE	ACCEPTABLE* AS A TOOL FOR LABELING STUDENTS AS HANDICAPPED	COMMENTS**
	Total	%	Total	%	Percent		
WOODCOCK-JOHNSON PSYCHO-EDUCATIONAL BATTERY	29	17.0	17	20.0	+3%	YES	Limitations and cautions with some subtests. Requires extensive training to administer and score.
BENDER VISUAL-MOTOR GESTALT	29	16.7	16	18.8	+2.1%	YES*	(Limited Norms) Psychologists administer; use with other data.
KEY MATH DIAGNOSTIC ARITHMETIC TEST	26	15.0	13	15.3	+.3%	YES	Use with caution; overestimates a upper and lower limits. Diagnostic assessment of selected math skills.
(ITPA) ILLINOIS TEST OF PSYCHOLINGUISTIC ABILITIES	25	14.5	7	8.2	-6.3%	NO	Validity and reliability questioned.
BEERY DEVELOPMENTAL TEST	24	13.9	11	13.0	-.9%	NO	Real reliability and validity problems; possible cultural, sex racial bias.
TOKEN	23	13.0	11	13.0	0%	NO	Limited norms, reliability and validity.
STANFORD ACHIEVEMENT	22	13.0	16	19.0	+6%	NO	Group test/limits use.
(LNSS) LETTERS, NAMES, SOUNDS SURVEY	21	12.0	8	9.4	-2.6%	NO	Screening/Criterion-Reference Test

F-2

*Acceptable — based on meeting 3 criteria: tests are individual, diagnostic and norm-referenced.
**Based on information contained in the Resource Teacher Notebook with inserts and Assessment of Children's Intelligence and Special Abilities, 2nd Ed., J. M. Sattler, San Diego State Univ. (1982).

TESTS	1984-85 CASES N=173		RECORD REVIEW 1986 CASES N=85		DEGREE OF CHANGE	ACCEPTABLE* AS A TOOL FOR LABELING STUDENTS AS HANDICAPPED	COMMENTS**
	Total	%	Total	%	Percent		
(TOLD) TEST OF LANGUAGE DEVELOPMENT	18	10.4	7	8.2	-2.2%	NO	Limited use with Bilingual child-Screening test.
GOLDMAN-FRISTOE TEST OF ARTICULATION	14	8.0	5	5.8	-2.2%	NO	Poor reliability. Screening/limited norm group.
(TOWL) TEST OF WRITTEN LANGUAGE	14	8.0	4	4.7	-3.3%	NO	Screening.
BOTEL READING INVENTORY	14	8.0	1	1.0	-7%	NO	No norms; no reliability data.
GARDNER EOWPVT	14	8.0	3	3.5	-4.5%	NO	Screening
(DTLA-2) DETROIT TESTS OF LEARNING APPITUDE	12	7.0	3	3.5	-3.5%	NO	Disapproved by MCPS; problems with norms, sample reliability and validity
(WRAT) WIDE RANGE ACHIEVEMENT TEST	11	6.4	9	10.6	+4.2%	YES/POOR CHOICE	No reliability or validity data.
DURRELL LISTENING/READING SKILLS	10	5.8	3	3.5	-2.3%	NO	No reliability or validity data.
MOTOR-FREE VISUAL PERCEPTION TEST	10	5.8	6	7.0	+1.2%	YES	Limitations cited; especially with young children.

*ACCEPTABLE — based on meeting 3 criteria: tests are individual, diagnostic and norm-referenced.
**Based on information contained in the Resource Teacher Notebook with inserts and Assessment of Children's Intelligence and Special Abilities, 2nd Ed., J. M. Sattler, San Diego State Univ. (1982).

TESTS	1984-85 CASES N=173		RECORD REVIEW 1986 CASES N=85		DEGREE OF CHANGE	ACCEPTABLE* AS A TOOL FOR LABELING STUDENTS AS HANDICAPPED	COMMENTS**
	Total	%	Total	%	Percent		
(PIAT) PEABODY INDIVIDUAL ACHIEVEMENT TEST	10	5.8	4	4.7	-.11%	NO	Limited measure of academic skills. Subtests less reliable/screening test.
WEPMAN	10	5.8	4	5.0	-.8%	NO	No reliability and validity data.
(TACL)	10	5.8	7	8.2	+2.4%	?	? unable to locate data.
CLINICAL EVALUATION OF LANUAGE FUNCTION*	9	5.2	4	4.7	-.5%	NO	Screening Test
BOEHM TEST OF BASIC CONCEPTS	8	4.6	1	1.0	-3.6%	NO	Low reliability and questionable validity.
TONI TEST	8	4.6	9	10.6	+6%	NO	Problems with norming sample; limitations cited.
WIIG-SEMEL LANGUAGE CONCEPTS	7	4.0	2	2.3	-1.7%	YES/ (POOR CHOICE)	Low reliability and validity make it a poor choice
CARROW AUDITORY-VISUAL ABILITIES	6	3.5	8	9.4	+5.9%	YES	Requires special training to administer it.
(DAP) DRAW-A-PERSON TEST	3	1.7	8	9.4	+7.7%	YES	Administered and interpreted by psychologist.
SLOSSEN IQ TEST	2	1.0	6	7.0	+6%	NO	Disapproved by MCPS. Possible cultural, sex, racial bias cited.

*ACCEPTABLE — based on meeting 3 criteria: tests are individual, diagnostic and norm-referenced.
**Based on information contained in the Resource Teacher Notebook with inserts and Assessment of Children's Intelligence and Special Abilities, 2nd Ed., J. M. Sattler, San Diego State Univ. (1982).

CHART

APPENDIX G

SOME SELECTED AREA DIFFERENCES/VARIATIONS IN TEST USE

		Area 1		Area 2		Area 3	
	Total	Total	%	Total	%	Total	%
Otis-Lennon	(75)	37	49%	13	17%	25	33%
Slingerland	(76)	42	55%	13	17%	21	28%
Beery	(35)	15	43%	3	9%	17	49%
Stanford Achieve.	(38)	21	55%	5	13%	12	32%